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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 831906 (3)

1. Corporation Name

TEACHERS INSURANCE COMPANY

Principal Place of Business	Mailing Address
1 HORACE MANN PLAZA ATTN: TAX DEPARTMENT SPRINGFIELD IL 62715	1 HORACE MANN PLAZA ATTN: TAX DEPARTMENT SPRINGFIELD IL 62715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-1742051 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL FL 32399

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	TITLE	[ ] Change [ ] Addition
NAME	BECKER, LARRY K	NAME	
STREET ADDRESS	1 HORACE MANN PLZ	STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD IL	CITY-ST-ZIP	
TITLE	DV	TITLE	DVS [X] Change [ ] Addition
NAME	STOOKSBURY, WLATER E.	NAME	CAPARROS, ANN M.
STREET ADDRESS	#1 HORACE MANN PLAZA	STREET ADDRESS	#1 HORACE MANN PLAZA
CITY-ST-ZIP	SPRINGFIELD, ILL 00000	CITY-ST-ZIP	SPRINGFIELD, IL 62715
TITLE	D	TITLE	D [X] Change [ ] Addition
NAME	ARISMAN, A THOMAS	NAME	NAJIM, EDWARD L.
STREET ADDRESS	#1 HORACE MANN PLAZA	STREET ADDRESS	# 1 HORACE MANN PLAZA
CITY-ST-ZIP	SPRINGFIELD, ILL 0	CITY-ST-ZIP	SPRINGFIELD, IL 62715
TITLE	D	TITLE	AV/TO [X] Change [ ] Addition
NAME	TARR, PAUL C. III,	NAME	BARNETT, DIANE
STREET ADDRESS	#1 HORACE MANN PLAZA	STREET ADDRESS	# 1 HORACE MANN PLAZA
CITY-ST-ZIP	SPRINGFIELD, ILL 0	CITY-ST-ZIP	SPRINGFIELD, IL 62715
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	INKEL, H. ALBERT	NAME	
STREET ADDRESS	#1 HORACE MANN PLAZA	STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD, ILL 0	CITY-ST-ZIP	
TITLE	PD	TITLE	[ ] Change [ ] Addition
NAME	KARDOS, PAUL J	NAME	
STREET ADDRESS	#1 HORACE MANN PLAZA	STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD, ILL 0	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane Barnett DIANE BARNETT 5-01-95 (217)788-5385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040076 FN

831966

Teachers Insurance Company
Florida Corporation Annual Report
Officers and Directors Listing
As of May 25, 1994

Question #12

TITLE	NAME	OFFICE ADDRESS
D/V	Richard W. Stilwell	#1 Horace Mann Plaza Springfield, Il 62715
D/V/T	George J. Zock	#1 Horace Mann Plaza Springfield, Il 62715
V	Clark W. McKee	#1 Horace Mann Plaza Springfield, Illinois 62715
V	Walter E. Stooksbury	#1 Horace Mann Plaza Springfield, Illinois 62715
V/CA	Robert H. Lee	#1 Horace Mann Plaza Springfield, Illinois 62715
V/C	Roger W. Fisher	#1 Horace Mann Plaza Springfield, Illinois 62715
V	Ellen C. Fedder	#1 Horace Mann Plaza Springfield, Illinois 62715
V/AD	William C. Hunt	#1 Horace Mann Plaza Springfield, Illinois 62715
A/V	Leonard C. Roberts, Jr.	#1 Horace Mann Plaza Springfield, Illinois 62715
A/S	Linda L. Sacco	#1 Horace Mann Plaza Springfield, Illinois 62715
A/S	J. Christian Sales	#1 Horace Mann Plaza Springfield, Illinois 62715
S/CP	Donald L. Closter	#1 Horace Mann Plaza Springfield, Illinois 62715