

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 62701-1324

3. Date Incorporated or Qualified **02/26/1974** 3a. Date of Last Report **04/24/1996**
 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 Yes No

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

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, LARRY K	1.2 NAME	
STREET ADDRESS	1 HORACE MANN PLZ	1.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGFIELD IL	1.4 CITY - ST - ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPARROS, ANN M.	2.2 NAME	
STREET ADDRESS	#1 HORACE MANN PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGFIELD, ILL 00000	2.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAJIM, EDWARD L.	3.2 NAME	
STREET ADDRESS	#1 HORACE MANN PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGFIELD IL	3.4 CITY - ST - ZIP	
TITLE	AV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, DIANE	4.2 NAME	
STREET ADDRESS	#1 HORACE MANN PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGFIELD IL	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INKEL, H. ALBERT	5.2 NAME	
STREET ADDRESS	#1 HORACE MANN PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGFIELD, ILL 0	5.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARDOS, PAUL J	6.2 NAME	
STREET ADDRESS	#1 HORACE MANN PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGFIELD, ILL 0	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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* *HEC DIANE BARNETT* *4/30/97* *217-718-9385*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**TEACHERS INSURANCE COMPANY
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING**

As of December 31, 1996

TITLE	NAME	OFFICE ADDRESS
EV	STOOKSBURY, WALTER E.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
EV/D	BONNETT, GERARD F.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
EV	ZOCK, GEORGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	LEE, ROBERT H.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	FISHER, ROGER W.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	HINKLE, WILLIAM S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	TEDDER, ELLEN C.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	HUNT, WILLIAM C.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	ROBERTS JR., LEONARD C.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AS	EGIZII, MARY JO	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
D	CLOSTER, DONALD L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715