

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90016 035 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 831906

1. Corporation Name  
**TEACHERS INSURANCE COMPANY**



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/26/1974**

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 owes the current year Intangible Personal Property Tax.  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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. ~~SEE ATTACHED~~ OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BECKER, LARRY K	
STREET ADDRESS	1 HORACE MANN PLZ	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	CAPARROS, ANN M.	
STREET ADDRESS	#1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, ILL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NAJIM, EDWARD L.	
STREET ADDRESS	#1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	BARNETT, DIANE	
STREET ADDRESS	#1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KARDOS, PAUL J	
STREET ADDRESS	#1 HORACE MANN PLAZA	
CITY-ST-ZIP	SPRINGFIELD, ILL 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Diane Barnett **REQUIRED** **Diane Barnett** APR. 23 1999 (217) 788-5385

CR2E034 (1/198)

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

As of December 31, 1998

475572-90016-35  
831906

TITLE	NAME	OFFICE ADDRESS
SV	VIGNOLA, MICHAEL R	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
EV	STOOKSBURY, WALTER E.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
VT	HENDERSON, J. MICHAEL	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
EVD	ZOCK, GEORGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
SV	FISHER, ROGER W.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	HINKLE, WILLIAM S.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	CONKLIN, BRET	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	LEE, ROBERT H.	#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
D	CHRISMAN, VALERIE A	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715