

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 831906

1. Entity Name

TEACHERS INSURANCE COMPANY

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90058 028 \*\*\*150.00

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 62715-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1742051

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL FL 32399

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11. ~~SEE ATTACHED~~ OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Diane Barnett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

217-788-5385

Daytime Phone #

CR2E034 (9/99)

587-904

Attachment 725080

QUESTION NO:12

PAGE 1

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

As of January 25, 2000

<b>TITLE</b>	<b>NAME</b>	<b>OFFICE ADDRESS</b>
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	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