

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 831906

1. Entity Name

TEACHERS INSURANCE COMPANY

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90029 035 ***150.00

Principal Place of Business

1 HORACE MANN PLAZA
ATTN: TAX DEPARTMENT
SPRINGFIELD IL 62715

Mailing Address

1 HORACE MANN PLAZA
ATTN: TAX DEPARTMENT
SPRINGFIELD IL 62715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-1742051**

Applied For

Not Applicable

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's 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, 2001 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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CLOSTER, DONALD L | |
| STREET ADDRESS | 1 HORACE MANN PLZ | |
| CITY-ST-ZIP | SPRINGFIELD IL | |
| TITLE | SV | <input type="checkbox"/> Delete |
| NAME | VIGNOLA, MICHAEL R | |
| STREET ADDRESS | #1 HORACE MANN PLAZA | |
| CITY-ST-ZIP | SPRINGFIELD IL | |
| TITLE | EVD | <input type="checkbox"/> Delete |
| NAME | ZOCK, GEORGE J | |
| STREET ADDRESS | #1 HORACE MANN PLAZA | |
| CITY-ST-ZIP | SPRINGFIELD IL | |
| TITLE | AV | <input type="checkbox"/> Delete |
| NAME | HUNT, WILLIAM C | |
| STREET ADDRESS | #1 HORACE MANN PLAZA | |
| CITY-ST-ZIP | SPRINGFIELD IL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHRISMAN, VALERIE A | |
| STREET ADDRESS | #1 HORACE MANN PLAZA | |
| CITY-ST-ZIP | SPRINGFIELD IL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LEE, ROBERT H | |
| STREET ADDRESS | #1 HORACE MANN PLAZA | |
| CITY-ST-ZIP | SPRINGFIELD IL 62715 | |

| | | |
|----------------|---------------|--|
| TITLE | AV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | EV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

DIANE BARNETT

APR 23 2001

Date

217-788-5385

Daytime Phone #

CR2E034 (10/00)

Attachment

831516
831906
Doc.

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

As of March 27, 2001

| TITLE | NAME | OFFICE ADDRESS |
|--------------|-------------------------|---|
| VT | HENDERSON, J. MICHAEL | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |
| SV | MANION, THOMAS K. | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |
| V | HINKLE, WILLIAM S. | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |
| PD | LOWER II, LOUIS G. | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |
| EVD | HECKMAN, PETER H. | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |
| AV | BARNETT, DIANE M. | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |
| AV | CHRISTIAN, ANGELA S. | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |
| V | ROBERTS JR., LEONARD C. | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |
| V | EGIZII, MARY JO | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |
| AS | SACCO, LINDA L. | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |
| VSD | CAPARROS, ANN M. | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |
| V | BRAUN, JANN M. | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |
| AVAS | ARMSTEAD, RHONDA R. | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |
| D | BRUBAKER, LISA J. | #1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715 |