

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90063 023 ***150.00

DOCUMENT # 831906

1. Entity Name
TEACHERS INSURANCE COMPANY

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-1742051

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL FL 32399

7. Name and Address of New Registered Agent

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
AV
CLOSTER, DONALD L
1 HORACE MANN PLZ
SPRINGFIELD IL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JENSEN, DANIEL M.

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EV
VIGNOLA, MICHAEL R
#1 HORACE MANN PLAZA
SPRINGFIELD IL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JENSEN, DANIEL M.

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVD
ZOCK, GEORGE J
#1 HORACE MANN PLAZA
SPRINGFIELD IL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AV
HUNT, WILLIAM G
#1 HORACE MANN PLAZA
SPRINGFIELD IL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BARNETT, DIANE M.

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHRISMAN, VALERIE A
#1 HORACE MANN PLAZA
SPRINGFIELD IL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LEE, ROBERT H
#1 HORACE MANN PLAZA
SPRINGFIELD IL 62715

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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 REQUIRED** *DIANE BARNETT*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 26 2002

Date

217-788-5385
 Daytime Phone #

CR2E034 (9/01)

QUESTION NO:12

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

As of February 8, 2002

432677
 PAGE 1

831906

TITLE	NAME	OFFICE ADDRESS
VT	HENDERSON, J. MICHAEL	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	CONKLIN, BRET A.	#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
VD	HECKMAN, PETER H.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AV	BARNETT, DIANE M.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
AVAT	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
V	BRUBAKER, LISA J.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	CLOSTER, DONALD L.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715
V	BIANCHI, DENNIS E.	#1 HORACE MANN PLAZA SPRINGFIELD, ILLINOIS 62715

Attachment

#831906

QUESTION NO:12

PAGE 2

V ATKINSON, RICHARD V.

#1 HORACE MANN PLAZA
SPRINGFIELD, ILLINOIS 62715

VD ZOCK, GEORGE J.

#1 HORACE MANN PLAZA
SPRINGFIELD, ILLINOIS 62715

D CHRISMAN, VALERIE A.

#1 HORACE MANN PLAZA
SPRINGFIELD, ILLINOIS 62715

V REYNOLDS, DOUGLAS W.

#1 HORACE MANN PLAZA
SPRINGFIELD, ILLINOIS 62715

V JENSEN, DANIEL M.

#1 HORACE MANN PLAZA
SPRINGFIELD, ILLINOIS 62715

432677