2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91063 033 ***150.00

DOCUMENT # 831906

1. Entity 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 62715

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04212004 Chg-P CR2E034 (10/03)

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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. 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	DPC LOUIS G. LOWER II 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EV JENSEN, DANIEL M #1 HORACE MANN PLAZA SPRINGFIELD, IL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PETER H. HECKMAN 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715	☐ 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	DVS ANN M. CAPARROS 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AV BARNETT, DIANE M #1 HORACE MANN PLAZA SPRINGFIELD, IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Barnett **A.V.P. & Tax Compliance Officer** APR 28 2004 217-788-5385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Diane Barnett