


**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90090 018 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

50049783



<b>DOCUMENT # 831906</b>			
1. Entity Name <b>TEACHERS INSURANCE COMPANY</b>			
Principal Place of Business <b>1 HORACE MANN PLAZA ATTN: TAX DEPARTMENT SPRINGFIELD, IL 62715</b>		Mailing Address <b>1 HORACE MANN PLAZA ATTN: TAX DEPARTMENT SPRINGFIELD, IL 62715</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
		03122005 Chg-P CR2E034 (10/03)	
		4. FEI Number <b>23-1742051</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. SEE ATTACHED OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV CLOSTER, DONALD L 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	DOC TOWER, LOUIS G II #1 HORACE MANN PLAZA SPRINGFIELD, IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LOWER, LOUIS G II</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HECKMAN, PETER H #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 M #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	D CHRISMAN, VALERIE A #1 HORACE MANN PLAZA SPRINGFIELD, IL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>UPOT Angela S. Christian #1 HORACE MANN PLAZA SPRINGFIELD, IL 62715</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CAPARROS, ANN M #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

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* **Diane Barnett** (217) 7885385  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
**A. V. P. & Tax Compliance Officer**

ATTACHMENT

50049783

#831906

TEACHERS INSURANCE COMPANY

BOARD OF DIRECTORS

Paul D. Andrews  
Ann M. Caparrós  
Frank D'Ambra III  
Peter H. Heckman  
Robert B. Joyner  
Louis G. Lower II  
Douglas W. Reynolds

OFFICERS ELECTED BY THE BOARD OF DIRECTORS

Chairman, President & Chief Executive Officer  
Executive Vice President & Chief Financial Officer  
Executive Vice President  
Senior Vice President & Controller  
Senior Vice President, Finance  
Senior Vice President, Marketing  
Senior Vice President  
Vice President, General Counsel, Corporate Secretary  
& Chief Compliance Officer  
Vice President, Chief Counsel & Assistant Corporate Secretary  
Vice President & Treasurer  
Vice President & Chief Actuary  
Vice President & Audit Director  
Vice Presidents:

Assistant Vice President & Tax Compliance Officer  
Assistant Vice Presidents:

Louis G. Lower II  
Peter H. Heckman  
Douglas W. Reynolds  
Bret A. Conklin  
Dwayne D. Hallman  
Robert B. Joyner  
William S. Hinkle

Ann M. Caparrós  
Rhonda R. Armstead  
Angela S. Christian  
Richard V. Atkinson  
Deborah F. Kretchmar  
Lisa J. Brubaker  
Dennis E. Bianchi  
Christopher M. Fehr  
Clara L. McDaniels  
Diane M. Barnett  
Donald L. Closter  
David H. Ousley  
Judith A. Walsh

01 February 2005