


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90103 017 ***150.00

DOCUMENT # 831906
 1. Entity Name
TEACHERS INSURANCE COMPANY



Principal Place of Business Mailing Address
1 HORACE MANN PLAZA **1 HORACE MANN PLAZA**
ATTN: TAX DEPARTMENT **ATTN: TAX DEPARTMENT**
SPRINGFIELD, IL 62715 **SPRINGFIELD, IL 62715**

2. Principal Place of Business - No P O Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt #, etc

City & State City & State

Zip Country Zip Country

00011700



01242007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
23-1742051 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 re-stating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV CLOSTER, DONALD L 1 HORACE MANN PLZ SPRINGFIELD, IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOC LOWER, LOUIS G II #1 HORACE MANN PLAZA SPRINGFIELD, IL	<input type="checkbox"/> Delete
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	AV BARNETT, DIANE M #1 HORACE MANN PLAZA SPRINGFIELD, IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOT CHRISTIAN, ANGELA S #1 HARACE MANN PLAZA SPRINGFIELD, IL 62715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CAPARROS, ANN M #1 HORACE MANN PLAZA SPRINGFIELD, IL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & TAX DIRECTOR Alice A. Lowry 1 HORACE MANN PLAZA Springfield, IL 62715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Alice A. Lowry Alice A. Lowry 1/27/07 217-788-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
00011760
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

*Member of Executive Committee

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, Claims
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 President & Tax 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
Dennis E. Bianchi
Thomas C. Wilkinson

Ann M. Caparrós
Rhonda R. Armstead
Angela S. Christian
Richard V. Atkinson
Deborah F. Kretchmar
Alice A. Lowry
Van A. McNeal
Richard A. Doran
Clara L. McDaniels
Diane M. Barnett
Donald L. Closter
David H. Ousley
Judith A. Walsh

22 September 2006