


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90030 001 ***150.00

DOCUMENT # 831906 1. Entity Name TEACHERS INSURANCE COMPANY	
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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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country	City & State Zip Country

03262008 Chg-P CR2E034 (12/06)

4. FEI Number 23-1742051	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LOWRY, ALICE A 1 HORACE MANN PLAZA SPRINGFIELD, IL 62715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	PD <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	VPOT CHRISTIAN, ANGELA S #1 HORACE MANN PLAZA SPRINGFIELD, IL 62715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input 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	S <input checked="" 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 4/3/08 217-788-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40060150

#8319036

TEACHERS INSURANCE COMPANY

BOARD OF DIRECTORS

Paul D. Andrews
Ann M. Caparrós
Frank D'Ambra III
*Peter H. Heckman
*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, Insurance Operations
Senior Vice President & Controller
Senior Vice President, Finance
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, Property & Casualty
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
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
Diane M. Barnett
Donald L. Clöster
David H. Ousley
Judith A. Walsh

01 January 2008