2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

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Entity Name: TEACHERS INSURANCE COMPANY

Current Principal Place of Business:

1 HORACE MANN PLAZA
ATTN: TAX DEPARTMENT
SPRINGFIELD, IL 62715

New Principal Place of Business:

1 HORACE MANN PLAZA
ATTN: CORPORATE TAX DEPT
SPRINGFIELD, IL 627150001 US

Current Mailing Address:

1 HORACE MANN PLAZA
ATTN: TAX DEPARTMENT
SPRINGFIELD, IL 62715

New Mailing Address:

1 HORACE MANN PLAZA
ATTN: CORPORATE TAX DEPT
SPRINGFIELD, IL 627150001 US

FEI Number: 23-1742051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPD
Name: PROVENZANO, CRAIG S
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: PD
Name: LOWER, LOUIS G II
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: DV
Name: HECKMAN, PETER H
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: AVP
Name: BARNETT, DIANE M
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: T
Name: CHRISTIAN, ANGELA S
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

Title: S
Name: CAPARROS, ANN M
Address: 1 HORACE MANN PLAZA
City-St-Zip: SPRINGFIELD, IL 627150001 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG S PROVENZANO VPD 04/27/2010

Electronic Signature of Signing Officer or Director — Date