

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90048 050 ***150.00

DOCUMENT # 831906

1. Entity Name
TEACHERS INSURANCE COMPANY



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

11005651



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1742051**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32399

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. SEE ATTACHED. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AV** ☐ Delete
NAME **CLOSTER, DONALD L**
STREET ADDRESS **1 HORACE MANN PLZ**
CITY-ST-ZIP **SPRINGFIELD IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EV** ☐ Delete
NAME **JENSEN, DANIEL M**
STREET ADDRESS **#1 HORACE MANN PLAZA**
CITY-ST-ZIP **SPRINGFIELD IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVD** ☐ Delete
NAME **ZOCK, GEORGE J**
STREET ADDRESS **#1 HORACE MANN PLAZA**
CITY-ST-ZIP **SPRINGFIELD IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AV** ☐ Delete
NAME **BARNETT, DIANE M**
STREET ADDRESS **#1 HORACE MANN PLAZA**
CITY-ST-ZIP **SPRINGFIELD IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHRISMAN, VALERIE A**
STREET ADDRESS **#1 HORACE MANN PLAZA**
CITY-ST-ZIP **SPRINGFIELD IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **LEE, ROBERT H**
STREET ADDRESS **#1 HORACE MANN PLAZA**
CITY-ST-ZIP **SPRINGFIELD IL 62715**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane Barnett APR 15 2003

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

11005651
831906

TEACHERS INSURANCE CO.
FLORIDA CORPORATION ANNUAL REPORT
OFFICERS & DIRECTORS LISTING
As Of January 21, 2003

TITLE	NAME	OFFICE ADDRESS
D/P/C	LOWER II, LOUIS G.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	HECKMAN, PETER H.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	JENSEN, DANIEL M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	REYNOLDS, DOUGLAS W.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V	ZOCK, GEORGE J.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D/V/S	CAPARROS, ANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
D	CHRISMAN, VALERIE A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	CONKLIN, BRET A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	HALLMAN, DWAYNE D.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	HINKLE, WILLIAM S.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V/AS	ARMSTEAD, RHONDA R.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V/T	CHRISTIAN, ANGELA S.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	ATKINSON, RICHARD V.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715

Attachment

110057051
831906

V	KRETCHMAR, DEBORAH F.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	BIANCHI, DENNIS E.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	BRAUN, JANN M.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
V	ROBERTS JR., LEONARD C.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	BARNETT, DIANE	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	BRUBAKER, LISA J.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	CLOSTER, DONALD L.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AV	OUSLEY, DAVID H.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
AS	SACCO, LINDA L.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
O	WALSH, JUDITH A.	#1 HORACE MANN PLAZA SPRINGFIELD, IL 62715
