

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831906

Entity Name: TEACHERS INSURANCE COMPANY**Current Principal Place of Business:**1 HORACE MANN PLAZA
ATTN: CORPORATE TAX DEPT
SPRINGFIELD, IL 62715-0001**Current Mailing Address:**1 HORACE MANN PLAZA
ATTN: CORPORATE TAX DEPT
SPRINGFIELD, IL 62715-0001 US**FEI Number:** 23-1742051**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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

Officer/Director Detail :

Title VP & TAX DIRECTOR
Name PROVENZANO, CRAIG S
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, EXEC VP & CFO
Name CONKLIN, BRET A
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title VP & TREASURER
Name CHRISTIAN, ANGELA S
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR & EXEC VP PROPERTY & CASUALTY
Name CALDWELL, WILLIAM J
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, CHAIRMAN, PRESIDENT & CEO
Name ZURAITIS, MARITA
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title ASSISTANT VP & TAX COMPLIANCE OFFICER
Name BARNETT, DIANE M
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, GENERAL COUNSEL, CORP SECRETARY, & CCO
Name CARELY, DONALD M
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR
Name SHARPE, MATTHEW P
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

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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

VICE PRESIDENT

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP & AUDIT DIRECTOR
Name BELLOWS, JOYCE R
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title VP
Name CLOSTER, DONALD L
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR, SR VP & CIO
Name FIGURSKI, SANDRA L
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715-0001

Title DIRECTOR, VP
Name ROBINSON, ALLAN C
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715-0001

Title CHIEF ACTUARY
Name DESROCHERS, MARK R
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title ASSISTANT CORPORATE
Name MICHAEL, LINEA K
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715

Title DIRECTOR
Name MC CARTHY, JOHN P
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715-0001

Title VP
Name JOHNSON, KIMBERLY A
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715-0001