

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 29, 2013
Secretary of State
CC3044221296

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
P O BOX 6200 (32314-6200)
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
Name PROVENZANO, CRAIG S
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715-0001

Title PD
Name HECKMAN, PETER H
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715-0001

Title DV
Name HALLMAN, DWAYNE D
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715-0001

Title AVP
Name BARNETT, DIANE M
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715-0001

Title T
Name CHRISTIAN, ANGELA S
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715-0001

Title DIRECTOR, GENERAL COUNSEL,
CORPORATE SECRETARY & CHIEF
COMPLIANCE OFFICER
Name CAPARROS, ANN M
Address 1 HORACE MANN PLAZA
City-State-Zip: SPRINGFIELD IL 62715-0001

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

VP

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date