

2013 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
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