

**2024 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	Title	DIRECTOR, CHAIRMAN, PRESIDENT & CEO
Name	STUENKEL, JEREMY	Name	ZURAITIS, MARITA
Address	1 HORACE MANN PLAZA	Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715	City-State-Zip:	SPRINGFIELD IL 62715
Title	DIRECTOR, EXEC VP & CFO	Title	VP & TREASURER
Name	CONKLIN, BRET A	Name	GAYLE, TROY M
Address	1 HORACE MANN PLAZA	Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715	City-State-Zip:	SPRINGFIELD IL 62715
Title	DIRECTOR, GENERAL COUNSEL, CORP SECRETARY, & CCO	Title	DIRECTOR, EVP
Name	CARELY, DONALD M	Name	SHARPE, MATTHEW P
Address	1 HORACE MANN PLAZA	Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715	City-State-Zip:	SPRINGFIELD IL 62715
Title	SVP, DIRECTOR	Title	ASSISTANT CORPORATE SECRETARY
Name	DESROCHERS, MARK R	Name	MICHAEL, LINEA K
Address	1 HORACE MANN PLAZA	Address	1 HORACE MANN PLAZA
City-State-Zip:	SPRINGFIELD IL 62715	City-State-Zip:	SPRINGFIELD IL 62715

**Continues on page 2**

*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:** JEREMY STUENKEL

VP &amp; TAX DIRECTOR

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name WECKENBROCK, MICHAEL  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001

Title SVP  
Name RYAN, GREENIER  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715-0001

Title DIRECTOR, EVP & CHIEF OPERATING OFFICER  
Name MC ANENA, STEPHEN  
Address 1 HORACE MANN PLAZA  
ATTN: CORPORATE TAX DEPT  
City-State-Zip: SPRINGFIELD IL 62715-0001