

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 841663

**Entity Name:** NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

**FILED**  
**May 01, 2024**  
**Secretary of State**  
**3333290522CC**

**Current Principal Place of Business:**

4949 KELLER SPRINGS RD.  
ADDISON, TX 75001-5910

**Current Mailing Address:**

1 HORACE MANN PLAZA  
SPRINGFIELD, IL 62715 US

**FEI Number: 75-1623431**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

INSURANCE COMMISSIONER OF FLORIDA  
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 DIRECTOR, CFO, EXEC VP  
Name CONKLIN, BRET A  
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 SVP  
Name SANDERS, DERIK TYSON  
Address 4949 KELLER SPRINGS RD.  
City-State-Zip: ADDISON TX 75001-5910

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

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

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

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

Title SVP, CONTROLLER & CHIEF ACCOUNTING OFFICER  
Name JOHNSON, KIMBERLY  
Address 1 HORACE MANN PLAZA  
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: STUENKEL, JEREMY**

**VP & TAX DIRECTOR**

**05/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

Title EVP, CHIEF OPERATING OFFICER & DIRECTOR  
Name MC ANENA, STEPHEN  
Address 4949 KELLER SPRINGS RD.  
City-State-Zip: ADDISON TX 75001-5910

Title VP & TREASURER  
Name GAYLE, TROY  
Address 1 HORACE MANN PLAZA  
City-State-Zip: SPRINGFIELD IL 62715

Title VP  
Name RIGGS, HOWARD  
Address 4949 KELLER SPRINGS RD.  
City-State-Zip: ADDISON TX 75001-5910

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

Title ASSISTANT TREASURER  
Name LUBER, RACHAEL  
Address 4949 KELLER SPRINGS RD.  
City-State-Zip: ADDISON TX 75001-5910