2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2010
Secretary of State

DOCUMENT# 802895

Entity Name: TRUSTMARK INSURANCE COMPANY

Current Principal Place of Business:

400 FIELD DR.
LAKE FOREST, IL 60045

New Principal Place of Business:

Current Mailing Address:

400 FIELD DR.
LAKE FOREST, IL 60045

New Mailing Address:

FEI Number: 36-0792925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CFO
Name: MARCUCCILLI, J. BRINKE
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: S
Name: KELLER, SARA LEE
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: P
Name: PRAY, JOSEPH
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: CEOD
Name: MCDONOUGH, DAVID M
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: D
Name: GOSS, PHILIP
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: CIO
Name: HITPAS, JEROME H
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

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: MICHELLE DONATO POA 06/16/2010

Electronic Signature of Signing Officer or Director — Date