

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802895

FILED
Apr 02, 2012
Secretary of State

Entity Name: TRUSTMARK INSURANCE COMPANY

Current Principal Place of Business:

400 FIELD DR.
LAKE FOREST, IL 60045

New Principal Place of Business:

400 FIELD DR.
LAKE FOREST, IL 60045 US

Current Mailing Address:

400 FIELD DR.
LAKE FOREST, IL 60045

New Mailing Address:

400 FIELD DR.
LAKE FOREST, IL 60045 US

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: PRES
Name: PRAY, JOSEPH PRES
Address: 400 FIELD DR.
City-St-Zip: LAKE FOREST, IL 60045 US

Title: SD
Name: SCHOFF, DENNIS L SD
Address: 400 FIELD DR.
City-St-Zip: LAKE FOREST, IL 60045 US

Title: VPT
Name: SCHUSTER, PAUL T
Address: 400 FIELD DR.
City-St-Zip: LAKE FOREST, IL 60045 US

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: KELLY LETTMANN

POA

04/02/2012

Electronic Signature of Signing Officer or Director

Date