

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10653

FILED
Apr 14, 2009
Secretary of State

Entity Name: TRUSTMARK LIFE INSURANCE COMPANY

Current Principal Place of Business:

400 FIELD DRIVE
LAKE FOREST, IL 60045

New Principal Place of Business:

Current Mailing Address:

400 FIELD DRIVE
LAW DEPT C103
LAKE FOREST, IL 60045

New Mailing Address:

FEI Number: 36-3421358 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KELLER, SARA LEE
Address: 400 FIELD DR
City-St-Zip: LAKE FOREST, IL 60045

Title: PCEO () Delete
Name: MC DONOUGH, DAVID M
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: SVP () Delete
Name: HITPAS, JEROME
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

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

Title: D () Delete
Name: MARTIN, CHRISTOPHER J
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: D () Delete
Name: SCHREIER, WARREN
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MALIDA, JULIE
Address: 400 FIELD DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SARA LEE KELLER

S

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date