

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10653

FILED  
Jun 16, 2010  
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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: CFO  
Name: MARCUCCILLI, J. BRUCE  
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: D  
Name: GOSS, PHILIP  
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