2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10653

Entity Name: TRUSTMARK LIFE INSURANCE COMPANY

FILED Apr 09, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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400 FIELD DRIVE 400 FIELD DR.

LAKE FOREST, IL 60045 LAKE FOREST, IL 60045

Current Mailing Address: New Mailing Address:

400 FIELD DRIVE 400 FIELD DR

LAW DEPT C103 LAKE FOREST, IL 60045 LAKE FOREST, IL 60045

FEI Number: 36-3421358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

OFFICERS AND DIRECTORS:

Title: SEC

SCHREIER, WARREN R Name:

400 FIELD DR. Address:

City-St-Zip: LAKE FOREST, IL 60045

Title: **PRES**

MCDONOUGH, DAVID M Name:

400 FIELD DR. Address:

LAKE FOREST, IL 60045 City-St-Zip:

VΡ Title:

COLE, ALBERT D Name: 400 FIFLD DR Address:

City-St-Zip: LAKE FOREST, IL 60045

Title: TREA

SCHUSTER, PAUL T Name: Address: 400 FIELD DR.

City-St-Zip: LAKE FOREST, IL 60045

Title: DIR

Name: GOSS, PHILIP Address: 400 FIELD DR.

LAKE FOREST, IL 60045 City-St-Zip:

Title: DIR

Name: PRAY, JOSEPH L Address: 400 FIELD DR.

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 04/09/2011