2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

DOCUMENT# P10653

Entity Name: TRUSTMARK LIFE 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: 36-3421358 **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: PRES
Name: PRAY, JOSEPH PRES
Address: 400 FIELD DR.
City-St-Zip: LAKE FOREST, IL 60045 IL

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 VPT
Address: 400 FIELD DR.
City-St-Zip: LAKE FOREST, IL 60045 US

Title: DIR
Name: GOSS, PHILIP DIR
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