

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000001753

**Entity Name:** TRUSTMARK HEALTH BENEFITS, INC,**Current Principal Place of Business:**400 FIELD DR.  
LAKE FOREST, IL 60045**Current Mailing Address:**400 FIELD DR.  
LAKE FOREST, IL 60045 US**FEI Number:** 35-1846036**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
801 US HWY 1  
NORTH PALM BEACH, FL 33408 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

**Officer/Director Detail :**

Title            PRESIDENT/CEO  
Name            ECKRICH, NANCY  
Address        400 FIELD DR.  
City-State-Zip: LAKE FOREST IL 60045

Title            TREASURER & DIRECTOR  
Name            GUPTA , SACHIN  
Address        300 E RANDOLPH ST  
City-State-Zip: CHICAGO IL 60601

Title            VP, COMPLIANCE  
Name            LUBBEN , TOM  
Address        300 E RANDOLPH ST  
City-State-Zip: CHICAGO IL 60601

Title            ASST TREASURER  
Name            SOONG, SARAH  
Address        300 E RANDOLPH ST  
City-State-Zip: CHICAGO IL 60601

Title            SECRETARY  
Name            LIM , ARLENE  
Address        300 E RANDOLPH ST  
City-State-Zip: CHICAGO IL 60601

Title            VP  
Name            FEDDEMA , LISA  
Address        300 E RANDOLPH ST  
City-State-Zip: CHICAGO IL 60601

Title            VP, TAX  
Name            WOMACK , SCOTT  
Address        300 E RANDOLPH ST  
City-State-Zip: CHICAGO IL 60601

Title            DIRECTOR (CHAIR)  
Name            CASSIDY , KEVIN  
Address        300 E RANDOLPH ST  
City-State-Zip: CHICAGO IL 60601

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*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:** ARLENE LIM**SECRETARY, BY JULIE  
PHILLIPS, ATTORNEY-IN-  
FACT****04/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MORGAN, SCOTT
Address	300 E RANDOLPH ST
City-State-Zip:	CHICAGO IL 60601