

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001753

Entity Name: TRUSTMARK HEALTH BENEFITS, INC,**Current Principal Place of Business:**400 FIELD DR.
LAKE FOREST, IL 60045-2581**Current Mailing Address:**400 FIELD DR.
LAKE FOREST, IL 60045-2581 US**FEI Number: 35-1846036****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name SLAWIN, KEVIN R.
Address 400 FIELD DR.
City-State-Zip: LAKE FOREST IL 60045-2581

Title ASSISTANT SECRETARY
Name YOON, JEAN PARK
Address 400 FIELD DR.
City-State-Zip: LAKE FOREST IL 60045-2581

Title SECRETARY
Name DEROUIN, LAURA A.
Address 400 FIELD DR.
City-State-Zip: LAKE FOREST IL 60045-2581

Title TREASURER
Name GOSS, PHILIP A.
Address 400 FIELD DR.
City-State-Zip: LAKE FOREST IL 60045-2581

Title DIRECTOR
Name ECKRICH, NANCY M.
Address 400 FIELD DR.
City-State-Zip: LAKE FOREST IL 60045-2581

Title DIRECTOR
Name GOSS, PHILIP A.
Address 400 FIELD DR.
City-State-Zip: LAKE FOREST IL 60045-2581

Title PRESIDENT
Name ECKRICH, NANCY M.
Address 400 FIELD DR.
City-State-Zip: LAKE FOREST IL 60045-2581

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: NANCY M. ECKRICH**PRESIDENT****05/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date