

1.) CORPORATION NAME: Trustmark Insurance Company	DUE DATE: 2/29/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F0024374				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>25,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000,000
CLASS	AUTHORIZED				
COMMON	25,000,000				
4.) STATE OR COUNTRY OF INCORPORATION: IL					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 FIELD DR.

CITY/ST/ZIP: LAKE FOREST, IL 60045-2581

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JOSEPH L. PRAY			
TITLE: PRES/CEO			
ADDRESS: 400 FIELD DR.			
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581			

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN ANDERSON			
TITLE: SENIOR VP			
ADDRESS: 400 FIELD DR			
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581			

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: PHILLIP A. GOSS			
TITLE: SR VP/CFO			
ADDRESS: 400 FIELD DR.			
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581			

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: PAUL J. LOTHARIUS			
TITLE: SENIOR VP			
ADDRESS: 400 FIELD DR.			
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581			

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: LAURA A. DEROUIN			
TITLE: CORP. SECRETARY			
ADDRESS: 400 FIELD DR.			
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581			

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LAURA A. DEROUIN	LAURA A. DEROUIN, CORP. SECRETARY	1/19/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.