

1.) CORPORATION NAME:

**Trustmark Life Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **12/30/2010**

SCC ID NO: **F1570920**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

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.

NAME: JEROME HITPAS  
TITLE: SVP/CIO  
ADDRESS: 400 FIELD DR.  
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581

OFFICER  DIRECTOR

NAME: DAVID M. MCDONOUGH  
TITLE: P/CEO  
ADDRESS: 400 FIELD DR.  
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581

OFFICER  DIRECTOR

NAME: PAUL T. SCHUSTER  
TITLE: VP/Treasurer  
ADDRESS: 400 FIELD DR.  
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581

OFFICER  DIRECTOR

NAME: J BRINKE MARCUCCILLI  
TITLE: EVP/CFO  
ADDRESS: 400 FIELD DR.  
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581

OFFICER  DIRECTOR

NAME: WARREN R. SCHREIER  
TITLE: EVP/Secretary  
ADDRESS: 400 FIELD DR.  
CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581

OFFICER  DIRECTOR

NAME: PHILIP GOSS TITLE: DIRECTOR ADDRESS: 400 FIELD DR. CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOSEPH L. PRAY TITLE: DIRECTOR ADDRESS: 400 FIELD DR. CITY/ST/ZIP/CO: LAKE FOREST, VA 60045-2581	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SANDRA J. PRZYBYSZEWSKI TITLE: Other Officer ADDRESS: 400 FIELD DR. CITY/ST/ZIP/CO: LAKE FOREST, IL 60045-2581	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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.

<u>/s/ SANDRA J. PRZYBYSZEWSKI</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SANDRA J. PRZYBYSZEWSKI,</u> Other Officer PRINTED NAME AND CORPORATE TITLE	<u>12/3/2010</u> DATE
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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.