

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213516467

1.) CORPORATION NAME:

**Trustmark Voluntary Benefit Solutions, Inc.**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1892100**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1035 West Glen Oaks Lane  
Suite 200

CITY/ST/ZIP: Mequon, WI 53092

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: ALEX MORAL  OFFICER  DIRECTOR  
TITLE: PRESIDENT  
ADDRESS: 1035 West Glen Oaks Lane  
Suite 200  
CITY/ST/ZIP/CO: Mequon, WI 53092

NAME: PAUL T. SCHUSTER  OFFICER  DIRECTOR  
TITLE: TREASURER  
ADDRESS: 1035 West Glen Oaks Lane  
Suite 200  
CITY/ST/ZIP/CO: Mequon, WI 53092

NAME: PHILIP A. GOSS  OFFICER  DIRECTOR  
TITLE: CFO  
ADDRESS: 1035 West Glen Oaks Lane  
Suite 200  
CITY/ST/ZIP/CO: Mequon, WI 53092

NAME: DENNIS L. SCHOFF  OFFICER  DIRECTOR  
TITLE: SECRETARY  
ADDRESS: 1035 West Glen Oaks Lane  
Suite 200  
CITY/ST/ZIP/CO: Mequon, WI 53092

NAME: JOSEPH L. PRAY  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 1035 West Glen Oaks Lane  
Suite 200  
CITY/ST/ZIP/CO: Mequon, WI 53092

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/ DENNIS L. SCHOFF	DENNIS L. SCHOFF, SECRETARY	4/2/2013
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.		