No. <b>C 195416</b>		Due no later than Jul 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM  921 S ORCHARD ST STE G  BOISE ID 83705  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  TRUSTMARK VOLUNTARY BENEFIT SOLUTIONS, INC. 12308 NORTH CORPORATE PARKWAY SUITE 100 MEQUON WI 53092 USA					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JOSEPH L. P	RAY	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092
PRESIDENT	ALEX N. MO	RAL	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092
TREASURER	PHILIP A. GO	OSS	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092
SECRETARY	LAURA A. D	EROUIN	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092
DIRECTOR	ALEX N. MO	RAL	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092
DIRECTOR	PHILIP A. GOSS		12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
WI C 195416		Signature: Kelly Lettmann		Date: 05/22/2018			
		Name (type or print):	Title: POA				
Processed 05/22/2018		* Electronically provided	signatures are accepted as original sign	atures.			