No. C 195416		Due no later than Jul 31, 2017		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						
								10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	PHILIP A. G	OSS	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092	
DIRECTOR	ALEX N. MC	PRAL	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092	
DIRECTOR	JOSEPH L. F	PRAY	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092	
TREASURER	PHILIP A. G	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	
PRESIDENT	ALEX MORAI	L	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092	
			al Report must be signed.*					
WI		Signature: Kelly Lettn	Date: 06/13/2017					
C 195416		Name (type or print): Kelly Lettmann			Title: POA			
Processed 06/13/2017		* Electronically provided	signatures are accepted as original sign	atures.				