No. **C 195416**	**Due no later than Jul 31, 2015**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** TRUSTMARK VOLUNTARY BENEFIT SOLUTIONS, INC. 12308 NORTH CORPORATE PARKWAY SUITE 100 MEQUON WI 53092 USA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	ALEX MORAL	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092
DIRECTOR	PHILIP A. GOSS	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092
DIRECTOR	JOSEPH L. PRAY	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092
TREASURER	PHILIP A. GOSS	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092
SECRETARY	LAURA A. DEROUIN	12308 NORTH CORPORATE PARKWAY SUITE 100	MEQUON	WI	USA	53092
PRESIDENT	ALEX MORAL	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 Name (type or print): Kelly Lettmann	Date: 06/26/2015 Title: POA
Processed 06/26/2015	* Electronically provided signatures are accepted as original signatures.	