

June 11, 2013

Commissioner of Insurance
Missouri Department of Insurance

Re: Trustmark Life Insurance Company
NAIC # 62863
Discontinuance of Medical Insurance Coverage
Our Filing #13.00159

Dear Commissioner of Insurance:

In accordance with MO 376.452, this letter will serve as notice of Trustmark Life Insurance Company's intent to discontinue offering all employer sponsored medical insurance coverage, excluding any excepted benefit plans and any ancillary coverage, in the small and large group markets in the state of Missouri. As a result of this decision, we will terminate all existing large and small group medical policies/certificates issued or delivered for issuance in Michigan no less than 180 days from the date that notice is provided to each plan sponsor and participant/beneficiary.

Enclosed are copies of the letters that will be sent to each affected plan sponsor and participant/beneficiary.

We request that the content of this letter and the attachments be kept confidential by your Insurance Department staff.

If you have any questions regarding this matter, please contact me at 847-283-3182 or scole@trustmarkins.com.

Sincerely,

Sarah Cole
Senior Compliance Analyst

TRUSTMARK LIFE INSURANCE COMPANY

Group contact
Group name
Group address
City, State Zip

IMPORTANT INFORMATION REGARDING THE DISCONTINUANCE OF YOUR MEDICAL INSURANCE COVERAGE

Dear Employer,

We are writing to advise you that your medical insurance coverage underwritten by Trustmark Life Insurance Company will terminate on xx/xx/xx. Attached is a notice to distribute to all covered employees regarding the discontinuance of your medical coverage. Please make a copy for each covered employee, and distribute it within 10 days of receipt of this letter.

Trustmark Life Insurance Company will continue to comply with all state and federal laws governing your existing policy/certificate. Your coverage remains unchanged, and you are welcome to continue your medical insurance coverage until the termination date. However, please be advised that if you continue to collect employee contributions for coverage beyond the date of discontinuance, you may be held solely liable for the benefits with respect to which the contributions have been collected. If you have ancillary coverage (life, dental or disability) with us and decide to renew that coverage, we will issue a new certificate for ancillary coverage only upon renewal.

Should you have any questions, please contact your producer for more information or you can contact our Customer Service at (800) 522-1246 extension 35399.

Sincerely,

Officer name
Title

TRUSTMARK LIFE INSURANCE COMPANY

IMPORTANT NOTICE REGARDING YOUR MEDICAL INSURANCE COVERAGE

On xx/xx/xx, your current group medical insurance coverage, issued to <group name>, and underwritten by Trustmark Life Insurance Company, will terminate.

Please note that Trustmark Life Insurance Company will not be liable for any claims incurred after the date of termination. Refer to your Certificate of Insurance for additional information regarding your rights.

If you have any questions, please contact our Customer Service at (800) 522-1246 extension 35399.