Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TRUSTMARK SERVICES COMPANY INVESTMENT AND SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1960

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

TRUSTMARK SERVICES COMPANY

400 FIELD DRIVE
LAKE FOREST, IL 60045

400 FIELD DRIVE
LAKE FOREST, IL 60045

2b Employer Identification Number (EIN)
27-0056662

2c Sponsor's telephone number
847-615-1500

2d Business code (see instructions)
524140

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	JEROME HITPAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	PHILIP GOSS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
TRUSTMARK SERVICES COMPANY

400 FIELD DRIVE
LAKE FOREST, IL 60045

3b Administrator's EIN
27-0056662

3c Administrator's telephone number
847-615-1500

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1280
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	975
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	310
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1288
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	1290
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1242
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	33
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 2R 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
TRUSTMARK SERVICES COMPANY INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTMARK SERVICES COMPANY

D Employer Identification Number (EIN)
27-0056662

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37 71 60	RECORDKEEPER	25177	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR INTL INST - PRINCIPAL SHAREH 34-1953399	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS DEVLP MKTS INST - INVESCO CANA 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
IVK GRTH & INC A - INVESCO CANADA L 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	0.35%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS STRAT INC Y - BOSTON FINANCI 330 W. 9TH STREET KANSAS CITY, MO 66160	0.20%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MAINSTAY LGCP GR R1 - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MSIF INTL EQUITY P - MORGAN STANLEY 13-3799749	0.35%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NB PARTNERS TRUST - STATE STREET BA 04-0025081	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE PA MUTUAL INV - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.20%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SCHRODER US OPPS I - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266	0.15%

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: ERNST & YOUNG LLP	**b** EIN: 34-6565596	
c Position: ACCOUNTANT		
d Address: 155 N WACKER DRIVE CHICAGO, IL 60606	**e** Telephone: 312-879-3885	

Explanation: ROUTINE CHANGE

a Name:	**b** EIN:	
c Position:		
d Address:	**e** Telephone:	

Explanation:

a Name:	**b** EIN:	
c Position:		
d Address:	**e** Telephone:	

Explanation:

a Name:	**b** EIN:	
c Position:		
d Address:	**e** Telephone:	

Explanation:

a Name:	**b** EIN:	
c Position:		
d Address:	**e** Telephone:	

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
TRUSTMARK SERVICES COMPANY INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTMARK SERVICES COMPANY

D Employer Identification Number (EIN)
27-0056662

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
04-3022712-024	C	13843508

a Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT II

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
04-3022712-025	C	3774817

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
TRUSTMARK SERVICES COMPANY INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTMARK SERVICES COMPANY

D Employer Identification Number (EIN)
27-0056662

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	6220	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	153505
(2) Participant contributions	1b(2)	0	192639
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	822282	758637
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	14632	24596
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1895358	2049862
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2907602	3287778
(9) Value of interest in common/collective trusts	1c(9)	18295488	17618325
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	102463274	100862773
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	126404856	124948115
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	126404856	124948115

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	6357935	
(B) Participants	2a(1)(B)	5086990	
(C) Others (including rollovers)	2a(1)(C)	41223	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		11486148
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	632	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	582	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	132791	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		134005
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	34695	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3346662	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3381357
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2069739	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2010606	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		59133

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-228684	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-228684
(6) Net investment gain (loss) from common/collective trusts	2b(6)		517809
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-5449166
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9900602
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11537813	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11537813
f Corrective distributions (see instructions)	2f		3507
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	19900	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19900
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11561220
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1660618
l Transfers of assets:			
(1) To this plan	2l(1)		203877
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DELOITTE & TOUCHE LLP (2) EIN: 13-3891517

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
TRUSTMARK SERVICES COMPANY INVESTMENT AND SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTMARK SERVICES COMPANY

D Employer Identification Number (EIN)
27-0056662

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Deloitte & Touche LLP
111 S. Wacker Drive
Chicago, IL 60606
USA

Tel: 312-486-1000
Fax: 312-486-1486
www.deloitte.com

INDEPENDENT AUDITORS' REPORT

To the Trustee and Participants of
Trustmark Services Company Investment and Savings Plan
Lake Forest, Illinois

We were engaged to audit the financial statements and supplemental schedule of Trustmark Services Company Investment and Savings Plan (the "Plan") as of and for the year ended December 31, 2011, listed in the Table of Contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. Other auditors were engaged to audit the financial statements of the Plan as of December 31, 2010, and due to the same type of scope limitation described in the succeeding paragraph, their report, dated October 10, 2011, disclaimed an opinion on those financial statements.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee that the information as of and for the year ended December 31, 2011 provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedule. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte & Touche LLP

September 19, 2012

TRUSTMARK SERVICES COMPANY INVESTMENT AND SAVINGS PLAN

EIN: 27-0056662; Plan number 001

FORM 5500 SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2011

(a)	(b) Identity of Issuer, Borrower, Brokeragelink, Self-Directed Brokerage	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost**	(e) Current Value
	Brokeragelink	Self-directed brokerage accounts		$ 4,348,288
	Harbor International Fund — Institutional Class	Mutual fund		3,100,541
	Invesco Developing Markets Fund Class Institutional	Mutual fund		119,017
	Invesco Van Kampen Growth and Income Fund — Class A	Mutual fund		3,296,339
	Loomis Sayles Strategic Income Fund — Class Y	Mutual fund		2,298,895
	Mainstay Large Cap Growth Fund — Class R1	Mutual fund		7,022,126
	Morgan Stanley Institutional International Equity Fund — Class P	Mutual fund		3,059,750
	Neuberger Berman Partners Fund — Trust Class	Mutual fund		3,407,801
	Royce Pennsylvania Mutual Fund — Investment Class	Mutual fund		3,643,058
*	Spartan 500 Index Fund — Institutional Class	Mutual fund		16,094,232
	Vanguard Mid-Cap Index Fund — Signal Class	Mutual fund		1,951,409
*	Fidelity Asset Manager 50%	Mutual fund		7,903,203
*	Fidelity Freedom K 2000 Fund	Mutual fund		181,554
*	Fidelity Freedom K 2005 Fund	Mutual fund		57,565
*	Fidelity Freedom K 2010 Fund	Mutual fund		2,189,450
*	Fidelity Freedom K 2015 Fund	Mutual fund		4,949,053
*	Fidelity Freedom K 2020 Fund	Mutual fund		6,030,374
*	Fidelity Freedom K 2025 Fund	Mutual fund		3,139,366
*	Fidelity Freedom K 2030 Fund	Mutual fund		7,179,002
*	Fidelity Freedom K 2035 Fund	Mutual fund		3,736,166
*	Fidelity Freedom K 2040 Fund	Mutual fund		3,723,711
*	Fidelity Freedom K 2045 Fund	Mutual fund		1,470,618
*	Fidelity Freedom K 2050 Fund	Mutual fund		828,653
*	Fidelity Freedom K Income Fund	Mutual fund		718,090
*	Fidelity Small Cap Stock Fund	Mutual fund		2,742,867
*	Fidelity Total Bond Fund	Mutual fund		10,502,911
*	Fidelity Retirement Government Money Market	Mutual fund		1,828
*	Fidelity Managed Income Portfolio	Stable value fund		13,843,508
*	Fidelity Managed Income Portfolio II	Stable value fund		3,774,818
*	Participant loans — Various participants	Participant loans (maturing 2012-2019 at interest rates of 4.25%–9.25%)		3,287,778
				$ 124,601,971

* Party-in-interest.

** Cost information is not required for participant-directed investments and therefore is not included

Trustmark Services Company Investment and Savings Plan

Employer Identification Number: 27-0056662
Plan Number: 001

Financial Statements as of December 31, 2011 and 2010, and for the Year Ended December 31, 2011, Supplemental Schedule as of December 31, 2011, and Independent Auditors' Report

TRUSTMARK SERVICES COMPANY INVESTMENT AND SAVINGS PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Deloitte & Touche LLP
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INDEPENDENT AUDITORS' REPORT

To the Trustee and Participants of
Trustmark Services Company Investment and Savings Plan
Lake Forest, Illinois

We were engaged to audit the financial statements and supplemental schedule of Trustmark Services Company Investment and Savings Plan (the "Plan") as of and for the year ended December 31, 2011, listed in the Table of Contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. Other auditors were engaged to audit the financial statements of the Plan as of December 31, 2010, and due to the same type of scope limitation described in the succeeding paragraph, their report, dated October 10, 2011, disclaimed an opinion on those financial statements.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee that the information as of and for the year ended December 31, 2011 provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedule. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte & Touche LLP

September 19, 2012

TRUSTMARK SERVICES COMPANY INVESTMENT AND SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS:		
Investments, at fair value	$121,314,193	$123,491,034
Receivables:		
Notes receivable from participants	3,287,778	2,907,602
Employer contributions	153,505	-
Participant contributions	192,639	-
Total receivables	3,633,922	2,907,602
Cash	-	6,220
NET ASSETS AVAILABLE FOR BENEFITS REFLECTING ALL INVESTMENTS FAIR VALUE	124,948,115	126,404,856
ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE STABLE VALUE FUND	(433,150)	(148,760)
NET ASSETS AVAILABLE FOR BENEFITS	$124,514,965	$126,256,096

See notes to financial statements.

TRUSTMARK SERVICES COMPANY INVESTMENT AND SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

ADDITIONS:	
Contributions:	
Participant contributions	$ 5,086,990
Rollover contributions	41,223
Employer contributions	6,357,935
Total contributions	11,486,148
Investment income (loss):	
Net appreciation (depreciation) in fair value of investments	(5,385,296)
Dividends and interest	3,382,570
Net investment loss	(2,002,726)
Interest income on notes receivable from participants	132,790
Net transfers into the Plan	203,877
Total additions	9,820,089
DEDUCTIONS:	
Benefits paid to participants	11,541,320
Administrative expenses	19,900
Total deductions	11,561,220
DECREASE IN NET ASSETS	(1,741,131)
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of the year	126,256,096
End of the year	$ 124,514,965

See notes to financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the Trustmark Services Company Investment and Savings Plan (the "Plan") provides only general information. Participants of the Plan should refer to the summary plan description for a more complete description of the Plan's provisions.

General — The Plan was authorized by the Board of Directors of Trustmark Insurance Company ("Trustmark Insurance"). Trustmark Insurance is wholly owned by Trustmark Insurance Group, Inc., which, in turn, is a wholly owned subsidiary of Trustmark Group, Inc. Effective July 1, 2003, the sponsorship of the Plan was transferred to Trustmark Services Company (the "Company"), another wholly owned subsidiary of Trustmark Group, Inc. Effective December 31, 2009, Health Contact Partners, Inc. (HCP) employees began participating in the Plan. HCP is a wholly owned subsidiary of Trustco Holdings, Inc., another wholly owned subsidiary of Trustmark Group, Inc.

The Plan is a defined contribution 401(k) profit-sharing plan and is subject to, and is designed to comply with, the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, applicable to defined contribution profit-sharing plans.

Eligibility and Participants — Participation in the Plan is limited to employees immediately upon hire who are scheduled to work at least 1,000 hours and certain part-time employees who have completed 1,000 cumulative hours of service.

Contributions — Participant contributions are made by means of regular payroll deductions. Participants can contribute up to 50% of their eligible compensation on a pretax basis. Participants who are 50 years of age or older who are contributing at the Plan's maximum or who are scheduled to reach the annual Internal Revenue Service (IRS) contribution limit are eligible for a catch-up contribution up to 25% of their eligible compensation. Participant contributions are limited to the maximum amount allowed by the Internal Revenue Code (the "Code") and to amounts allowed under the Tax Reform Act of 1986, and for highly compensated employees, contributions are limited by the Plan.

The Company may elect to match an amount not in excess of 4% of the participant's eligible compensation on a dollar-for-dollar basis. The Benefit Committee has the ability to change the percentage contribution matched on an annual basis. The Company matched 4% of participant's eligible compensation for the year ended December 31, 2011, or $ $2,709,427. The maximum annual addition, including employer and employee contributions, to a participant's account is limited to the lesser of $49,000 in 2011 or 100% of eligible annual compensation.

Forfeitures may be used for the following purposes: reinstatement of previously forfeited account balances of former participants, reduction of future Company contributions, to pay plan expenses, to make restorative payments to former participants, or to reduce any additional amounts the Company is responsible for under the Plan. During the year ended December 31, 2011, $154,000 of forfeitures were used to reduce the Company's contributions. At December 31, 2011 and 2010, the amount of forfeitures that were not allocated was $320,562 and $38,063, respectively. The unallocated forfeitures are retained in the Fidelity Managed Income Portfolio Fund.

Effective January 1, 1999, Trustmark Insurance adopted amendments resulting in a partial termination of its Employees' Retirement Plan and Trust (the "Retirement Plan"). As a result of these amendments, certain employees became eligible for an employer contribution under the Plan equal to 5% of their salary (4% prior to January 1, 2005). The Company may also contribute an additional 1% based on the Company's performance. Other employees were given the option to begin to receive the employer contribution under the Plan and no longer earn benefits under the Retirement Plan or, alternatively, continue accruing benefits under the Retirement Plan. In 2011, these retirement contributions amounted to approximately $3,244,700.

Effective January 1, 2005, the Plan was amended to allow participants in the Retirement Plan as of the Retirement Plan's termination date (December 31, 2004) to be participants in the Plan and receive a special company retirement contribution ("Special Contribution"). This Special Contribution is 10%-13% of the participants' eligible compensation based on the participant's age and was $557,808 for the year ended December 31, 2011.

Effective December 31, 2009, the Plan was amended to permit HCP to adopt the Plan as a participating employer. HCP maintained the same company benefits as their former plan. HCP may provide participating employees with a discretionary match or eligible employees with a discretionary retirement contribution. During 2011, no discretionary matches or contributions were made.

Investment Provisions — Participants direct the investment of their contributions into various investment options offered by the Plan. These investment funds and the self-directed brokerage accounts are administered and, in some cases, managed by Fidelity Management Trust Company (the "trustee").

Participant Accounts and Vesting — Each participant's account is credited with the participant's and the Company's contributions, an allocation of the Plan's earnings, losses and administration expenses, and charged with withdrawals. Investment earnings are allocated daily based on participant account balances.

Participants are fully vested in their contributions plus actual earnings thereon. Participants become 100% vested in the remainder of their account balance after six years of plan service (seven years of service for pre-2007 employer retirement contributions).

Participant Loans — Participants may obtain loans from the Plan up to one-half of the participant's vested account balance subject to a minimum of $1,000 and a maximum of $50,000. Loans are to be repaid over a term not to exceed five years (10 years for mortgage loans). Loans bear interest commensurate with rates charged on similar loans by various banks. At December 31, 2011, interest rates ranged from 4.25% to 9.25%.

Benefit Payments — Upon termination of service with the Company, a participant may elect to receive the value of their vested account interest. Most benefit payments are paid in a lump sum. Minimum required distributions can be made in installment payments. Participant account balances less than $1,000 must be paid out in one lump sum after termination. Participants may withdraw their vested contributions prior to termination of service in the event of hardship, as defined by the Plan.

Plan Termination — Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated, the participant will become 100% vested in their accounts and the net assets of the Plan will be distributed to participants in an order of priority determined in accordance with ERISA and its regulations and with the Plan document.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP or U.S. GAAP).

Payment of Benefits — Benefits are recorded when paid.

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Risks and Uncertainties — The Plan invests in various investment funds. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment funds, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.
Notes Receivable from Participants — Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance, plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2011 and 2010. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Investment Valuation and Income Recognition — Except for the common collective stable value funds described in the paragraph below, investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). See Note 4 for further discussion of fair value measurements.

In accordance with GAAP, the stable value funds are included at fair value in Investments in the Statements of Net Assets Available for Benefits, and an additional line item is presented representing the adjustment from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is presented on a contract value basis.

Interest income is recorded as earned. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Purchases and sales of securities are recorded on the trade date. Management fees and operating expenses of investment funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Transfers — "Net Transfers into Plan" or "Net Transfers out of Plan" in the statement of changes in net assets available for benefits is used when an employee is transferred from one business entity to another affiliated entity. The employee ends eligibility in the former company's 401(k) plan and starts eligibility in the new company's 401(k) plan. The market value of the participant's account is transferred to the new plan, prior vesting credit is recognized, and the participant is allowed to continue to earn vesting credit on prior contributions.

Administrative Expenses — Most administrative expenses of the Plan, including expenses of the trustee, are paid by the Company.

New Accounting Standards — In May 2011, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amended Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in GAAP and International Financial Reporting Standards. Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

Subsequent Events — Management evaluated subsequent events for the Plan through September 19, 2012, the date the financial statements were available to be issued.

3. INVESTMENTS

Individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	December 31	
	2011	**2010**
Mutual funds:		
Spartan 500 Index Fund — Institutional Class (1)	$16,094,232	**
Fidelity Spartan U.S. Equity Index Fund (1)	**	15,512,009
Fidelity Total Bond Fund (1)	10,502,911	9,607,439
Fidelity Asset Manager 50% (1)	7,903,203	**
Fidelity Asset Manager Fund (1)	**	9,459,127
Fidelity Freedom K 2030 Fund (1)	7,179,002	6,683,974
Mainstay Large Cap Growth Fund — Class R1	7,022,126	**
Fidelity Freedom K 2020 Fund (1)	**	6,741,804
Stable value fund (common collective trust):		
Fidelity Managed Income Portfolio Fund (1)	13,843,508	18,295,488

(1) Represents a party-in-interest to the Plan

** Does not represent 5% or more of the Plan's net assets available for benefits

The Plan's investments (including investments purchased and sold, as well as held, during the year) depreciated in fair value as follows, for the year ended December 31, 2011:

Net Depreciation in Fair Value	2011
Mutual funds:	
U.S.	$ (4,268,863)
International	(800,657)
Self-directed brokerage accounts:	
Interest-bearing cash	(510)
Common stock	(168,980)
U.S. mutual funds	(146,286)
Total net depreciation in fair value of investments	$ (5,385,296)

4. FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 — Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities

Level 2 — Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 — Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety. There have been no changes in the valuation methodologies used at December 31, 2011 and 2010. The Plan's policy is to recognize transfers between levels at the actual date of the event or change in circumstances that caused the transfer.

The Plan's assets carried at fair value as of December 31, 2011 and 2010, set forth by level, within the fair value hierarchy, are as follows:

2011	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
Mutual funds:				
U.S.	$ 93,187,288	$ -	$ -	$ 93,187,288
International	6,160,291	-	-	6,160,291
Total mutual funds	99,347,579	-	-	99,347,579
Self-directed brokerage accounts:				
Interest-bearing cash	-	756,809	-	756,809
Common stock	2,049,862	-	-	2,049,862
U.S. mutual funds	1,517,021	-	-	1,517,021
Corporate bonds	-	24,596	-	24,596
Total self-directed brokerage accounts	3,566,883	781,405	-	4,348,288
Common Collective Trust-Stable value funds	-	17,618,326	-	17,618,326
Total	$ 102,914,462	$ 18,399,731	$ -	$ 121,314,193

2010	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
Mutual funds:				
U.S.	$ 92,454,955	$ -	$ -	$ 92,454,955
International	6,334,001	-	-	6,334,001
Total mutual funds	98,788,956	-	-	98,788,956
Self-directed brokerage accounts:				
Interest-bearing cash	-	822,282	-	822,282
Common stock	1,895,358	-	-	1,895,358
U.S. mutual funds	3,674,318	-	-	3,674,318
Corporate bonds	-	14,632	-	14,632
Total self-directed brokerage accounts	5,569,676	836,914	-	6,406,590
Common Collective Trust	-	18,295,488	-	18,295,488
Total	$ 104,358,632	$ 19,132,402	$ -	$ 123,491,034

For the year ended December 31, 2011, there were no significant transfers in or out of Levels 1, 2, or 3.

The following is a description of the valuation methodologies used for major categories of assets measured at fair value by the Plan:

Mutual Funds — The mutual funds are valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end.

Self-Directed Brokerage Accounts — Self-directed brokerage accounts invest in interest-bearing cash accounts, common stocks, and Fidelity and non-Fidelity mutual funds and corporate bonds. These common stocks and mutual funds are valued at quoted market prices. The corporate bonds are valued using bid evaluation, an estimated price at which a dealer would pay for a security. These evaluations are based on proprietary models that pricing vendors establish for these purposes. The interest-bearing cash accounts are valued at their account balance.

Common Collective Trusts — The fair value of the common collective trusts are estimated at NAV as provided by the administration of the fund. The NAV is based on the underlying assets owned by the funds, minus its liabilities, divided by the number of units outstanding. Participant-directed redemptions have no restrictions; however, the Plan is required to provide a one-year redemption notice to liquidate its entire share in the Funds. The common collective trusts are commingled pools, with the objective of preserving principal while earning interest income. Portfolio investments consist of short-term bonds and other fixed-income securities, including U.S. Treasury bonds, government agency securities, corporate bonds, mortgage-backed securities, asset-backed securities, and derivative instruments such as futures, swaps, and options. Third-party wrap contracts are purchased to permit the use of book value accounting to maintain a constant NAV and to provide for payment of participant-directed withdrawals and exchanges at book value under most circumstances. Interest is credited under wrap contracts. Instead of immediately recognizing gains and losses, recognition occurs over time by adjusting the interest rate credited to the portfolio. Investments may also include contracts offered by insurance companies and other approved financial institutions that provide for payment of a specified rate of interest to the portfolio and the repayment of principal at maturity.

5. STABLE VALUE FUNDS

The Fidelity Managed Income Portfolio and Fidelity Managed Income Portfolio II (collectively, the "Fund") invests in fully benefit-responsive investment contracts. These investment contracts are recorded at fair value, based on NAV; however, since these contracts are fully benefit-responsive, an adjustment is reflected in the statements of net assets available for benefits to present these investments at contract value. Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The contract value represents contributions plus earnings, less participant withdrawals and administrative expenses. The Fund imposes certain restrictions on the Plan, and the Fund itself may be subject to circumstances that affect its ability to transact at contract value as described in the following paragraphs. Plan management believes that at December 31, 2011, the occurrence of events that would cause the Fund to transact at less than contract value is not probable. The beneficial interest of each participant is represented by units. Units are issued daily at the Fund's constant NAV of $1 per unit as provided by the administration of the fund. The NAV is based on the underlying assets owned by the fund, minus its liabilities, divided by the number of units outstanding. Participant-directed redemptions have no restrictions; however, the Plan is required to provide a one-year redemption notice to liquidate its entire share in the Fund.

The Fund is a commingled pool, with the objective of preserving principal while earning interest income. Portfolio investments consist of short-term bonds and other fixed-income securities, including U.S. Treasury bonds, government agency securities, corporate bonds, mortgage-backed securities, asset-backed securities, and derivative instruments such as futures, swaps, and options. Third-party wrap contracts are purchased to permit the use of book value accounting to maintain a constant NAV and to provide for payment of participant-directed withdrawals and exchanges at book value under most circumstances.

Participant-initiated transactions are those transactions allowed by the Plan, including withdrawals for benefits, loans, or transfers to noncompeting funds within a plan, but excluding withdrawals that are deemed to be caused by the actions of the Plan Sponsor. The following employer-initiated events may limit the ability of the Fund to transact at contract value:

- A failure of the Plan or its trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA

- Any communication given to Plan participants designed to influence a participant not to invest in the Fund or to transfer assets out of the Fund

- Any transfer of assets from the Fund directly into a competing investment option

- The establishment of a defined contribution plan that competes with the Plan for employee contributions

- Any substantive modification of the Fund or the administration of the Fund that's not consented by the wrapper issuer.

A wrap contract is an agreement by another party, such as a bank or insurance company, to make payments to the Fund in certain circumstances. Wrap contracts are designed to allow a stable value portfolio to maintain a constant NAV and protect a portfolio in extreme circumstances. In a typical wrap contract, the wrap issuer agrees to pay a portfolio the difference between the contract value and the market value of the underlying assets once the market value has been totally exhausted.

The wrap contracts generally contain provisions that limit the ability of the Fund to transact at contract value upon the occurrence of certain events. These events include:

- Any substantive modification of the Fund or the administration of the Fund that is not consented to by the wrap issuer

- Any change in law, regulation, or administrative ruling applicable to a plan that could have a material adverse effect on the Funds' cash flow

- Employer-initiated transactions by participating plans as described above.

In the event that wrap contracts fail to perform as intended, the Fund's NAV may decline if the market value of its assets declines. The Fund's ability to receive amounts due pursuant to these wrap contracts is dependent on the third-party issuer's ability to meet their financial obligations. The wrap issuer's ability to meet its contractual obligations under the wrap contracts may be affected by future economic and regulatory developments.

The Fund is unlikely to maintain a stable NAV if, for any reason, it cannot obtain or maintain wrap contracts covering all of its underlying assets. This could result from the Fund's inability to promptly find a replacement wrap contract following termination of a wrap contract. Wrap contracts are not transferable and have no trading market. There are a limited number of wrap issuers. The Fund may lose the benefit of wrap contracts on any portion of their assets in default in excess of a certain percentage of portfolio assets.

6. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan as of and for the year ended December 31, 2011, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by Fidelity Management Trust Company, the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

	2011
Statements of net assets available for benefits:	
Investments, at fair value	$121,314,193
Adjustment from fair value to contract value for fully-benefit responsive stable val	(433,150)
Notes receivable from participants	3,287,778
Statement of changes in net assets available for benefits:	
Dividends and interest	3,382,570
Net appreciation (depreciation) in fair value of investments	(5,385,296)
Interest income on notes receivable from participants	132,790

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year).
Notes 3, 4, and 5: All investment balances and investment information, excluding the classification of investments in Note 4.

All investment information disclosed in the accompanying financial statements, including investments held, notes receivable from participants, and the adjustment from fair value to contract value for fully benefit-responsive investment contracts at December 31, 2010 was obtained or derived from information supplied to the Plan's administrator and certified as complete and accurate by the trustee.

7. RELATED-PARTY TRANSACTIONS

The Plan holds units of common collective - stable value funds and shares of mutual funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA. Fees paid by the Plan for investment management services associated with these funds were included as a reduction of the return earned on each fund.

8. INCOME TAX STATUS

The Plan has received a determination letter from the IRS dated March 12, 2009, stating that the Plan, as then designed, was qualified under Section 401(a) of the Code, and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan has been amended since receiving the determination letter; however, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the amounts included in the Form 5500:

	2011	2010
Net assets available for benefits per the financial statements	$124,514,965	$126,256,096
Adjustment from fair value to contract value for fully benefit-responsive stable value fund	433,150	148,760
Net assets available for benefits per the Form 5500	$124,948,115	$126,404,856

The following is a reconciliation of net investment loss per the financial statements to the amounts included in the Form 5500:

	2011
Total investment loss per the financial statements	$(2,002,726)
Net change in adjustment from fair value to contract value	284,390
Total net investment loss per the Form 5500	$(1,718,336)

* * * * * *

SUPPLEMENTAL SCHEDULE

TRUSTMARK SERVICES COMPANY INVESTMENT AND SAVINGS PLAN

EIN: 27-0056662; Plan number 001

FORM 5500 SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2011

(a)	(b) Identity of Issuer, Borrower, Brokeragelink, Self-Directed Brokerage	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost**	(e) Current Value
	Brokeragelink	Self-directed brokerage accounts		$ 4,348,288
	Harbor International Fund — Institutional Class	Mutual fund		3,100,541
	Invesco Developing Markets Fund Class Institutional	Mutual fund		119,017
	Invesco Van Kampen Growth and Income Fund — Class A	Mutual fund		3,296,339
	Loomis Sayles Strategic Income Fund — Class Y	Mutual fund		2,298,895
	Mainstay Large Cap Growth Fund — Class R1	Mutual fund		7,022,126
	Morgan Stanley Institutional International Equity Fund — Class P	Mutual fund		3,059,750
	Neuberger Berman Partners Fund — Trust Class	Mutual fund		3,407,801
	Royce Pennsylvania Mutual Fund — Investment Class	Mutual fund		3,643,058
*	Spartan 500 Index Fund — Institutional Class	Mutual fund		16,094,232
	Vanguard Mid-Cap Index Fund — Signal Class	Mutual fund		1,951,409
*	Fidelity Asset Manager 50%	Mutual fund		7,903,203
*	Fidelity Freedom K 2000 Fund	Mutual fund		181,554
*	Fidelity Freedom K 2005 Fund	Mutual fund		57,565
*	Fidelity Freedom K 2010 Fund	Mutual fund		2,189,450
*	Fidelity Freedom K 2015 Fund	Mutual fund		4,949,053
*	Fidelity Freedom K 2020 Fund	Mutual fund		6,030,374
*	Fidelity Freedom K 2025 Fund	Mutual fund		3,139,366
*	Fidelity Freedom K 2030 Fund	Mutual fund		7,179,002
*	Fidelity Freedom K 2035 Fund	Mutual fund		3,736,166
*	Fidelity Freedom K 2040 Fund	Mutual fund		3,723,711
*	Fidelity Freedom K 2045 Fund	Mutual fund		1,470,618
*	Fidelity Freedom K 2050 Fund	Mutual fund		828,653
*	Fidelity Freedom K Income Fund	Mutual fund		718,090
*	Fidelity Small Cap Stock Fund	Mutual fund		2,742,867
*	Fidelity Total Bond Fund	Mutual fund		10,502,911
*	Fidelity Retirement Government Money Market	Mutual fund		1,828
*	Fidelity Managed Income Portfolio	Stable value fund		13,843,508
*	Fidelity Managed Income Portfolio II	Stable value fund		3,774,818
*	Participant loans — Various participants	Participant loans (maturing 2012-2019 at interest rates of 4.25%–9.25%)		3,287,778
				$ 124,601,971

* Party-in-interest.

** Cost information is not required for participant-directed investments and therefore is not included