Trustmark
INSURANCE COMPANY

400 Field Drive • Lake Forest, Illinois 60045
Phone (847) 615-1500 • Fax (847) 615-3872

RECEIVED
FEC MAIL ROOM
2002 JUN 10 PM 12:42

May 30, 2002

Federal Elections Commission
999 E Street, NW
Washington, DC 20463

Re: TrustPac (Trustmark Insurance Company Political Action Committee)
ID: 00156166

Dear Sir or Madam:

Please be advised that we wish to add CoreSource, Inc. to our Political Action Committee as a "connected organization." Both Trustmark Insurance Company and CoreSource, Inc. are owned by Trustmark Mutual Holding Company. The two companies have common and overlapping officers and employees. We participate in the governance of each other's organizations through formal and informal practices and procedures.

I have completed the first 2 pages of the FEC 1 form to indicate the amendment. Should you have any questions or require additional information, please feel free to e-mail me at cbresler@trustmarkins.com or call me at (800) 666-6977, ext. 4056

Respectfully,

Catherine Bresler
Associate General Counsel

Enclosure

RECEIVED
FEC MAIL ROOM
2002 JUN 10 P 12:42

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

TRUSTMARK INSURANCE COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 400 FIELD DRIVE

(Check if address is changed) LAKE FOREST

IL 60045

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

CMich@TrustMarkIns.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 05 30 2002

3. FEC IDENTIFICATION NUMBER ▶ C00156166

4. IS THIS STATEMENT NEW (N) OR ✓ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Catherine Bush

Signature of Treasurer Catherine Bush Date 05 29 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1ANGES.PDF

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State

District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) ✓ This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

CONSOURCE, INC

Mailing Address 400 FIELD DRIVE

LAKE FOREST IL 60045-1

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship OWNED BY THE SAME HOLDING COMPANY

Type of Connected Organization

✓ Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 5-30-02
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMD — PREPARER

6-10-02 — DATE PREPARED

(6/2000)