

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000005607

FILED  
Oct 08, 2007  
Secretary of State

Entity Name: NUTMEG INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

690 ASYLUM AVENUE  
HARTFORD PLAZA  
HARTFORD, CT 06115

**New Principal Place of Business:**

**Current Mailing Address:**

690 ASYLUM AVENUE  
HARTFORD PLAZA  
HARTFORD, CT 06115

**New Mailing Address:**

FEI Number: 06-1316175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GLENN WOLFSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SVP ( ) Delete  
Name: BURDICK, BRADLEY R  
Address: HARTFORD PLAZA  
City-St-Zip: HARTFORD, CT 06115

Title: T ( ) Delete  
Name: GIAMALIS, JOHN N  
Address: 5 JORDON LANE  
City-St-Zip: FARMINGTON, CT 06085

Title: P ( ) Delete  
Name: GRIFFITH, BRIAN R  
Address: HARTFORD PLAZA  
City-St-Zip: HARTFORD, CT 06115

Title: S ( ) Delete  
Name: COSTELLO, RICHARD  
Address: 8 JOYCE LANE  
City-St-Zip: SIMSBURY, CT 06070

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD G. COSTELLO

S

10/08/2007

Electronic Signature of Signing Officer or Director

Date