INSTRUCTIONS BEFORE COMPLETING THIS FORM FILEU INVISION OF CORPORATIONS 10 JAN 26 PM 4: 18 LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State DIVISION OF CORPORATIONS REINSTATEMENT DOCUMENT# 1. Limited Liability Company's Name Trumbull Services, LLC CR2E041 (12/07) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address One Hartford Plaza One Hartford Plaza 4. State/Country of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. Connecticut 5. Date Organized or Qualified To Do Business in Florida 2/18/2004 City & State City & State 6. FEI Number Applied For Hartford, CT Hartford, CT Zio Country Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional For returned for a Cortificate of Status USA 06155 06040 USA 8. Name and Address of Current Registered Agent Name A \$100 reinstatement fee is imposed, except Corporation Service Company in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices.. By checking this 1201 Hays Street box, you are certifying the prior notices were Suite, Apt: #, Etc. not received and requesting the \$100 reinstatement be waived. Zip Code Tallahassee 32301 9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608; F.S. Carina L. Dunlap Signature of Registered Agent Asst. Vice President REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers märn City / State / Zip Mem Nutmeg Insurance Company One Hartford Plaza Hartford, CT 06155 900167228619 \$1. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filling this rehatstament application the reason for dissolution has been eliminated, the limited liability company name setisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been peld. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it if made under calth. Date 1/26/10 ___ Daytime Phone # 860-547-5040 magiriğ Member/Manage Typed or printed name of signing Managing Member/Manager Donald C. Hunt, Secretary Nutmeg Insurance Company, Inc.

ACCOUNT NO. : I2000000195

REFERENCE :

263093

7334054

AUTHORIZATION

COST LIMIT

ORDER DATE: January 26, 2010

ORDER TIME : 1:02 PM

ORDER NO. : 263093-005

CUSTOMER NO:

7334054

REINSTATEMENT

NAME:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS