REGISTERED LIMITED LIABILITY COMPANY

No Filing Fee **ID Number:** 485726

STATEMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11(c)(1) of the General Laws, 1956, as amended, the undersigned resident agent, or the person signing on behalf of the resident agent, submits the following statement for the purpose of changing the agent's address within this state:

1. The name of the limited liability company is:

   Trident Insurance Services LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

   222 Jefferson Blvd., Suite 200, Warwick, Rhode Island 02888

3. The NEW address of the resident agent is:

   10 Dorrance Street, Suite 530, Providence, Rhode Island 02903

4. The change of address of the resident agent shall become effective upon the filing of this statement, or on

   _____

   (a date not prior to, nor more than 30 days after, the filing of this Statement)

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 2/8/2013

Kathleen Fritz, Vice President

Print Name of Resident Agent

FILED

FEB 12 2013

By_____

Kathleen Fritz

Signature

State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

February 12, 2013 11:00 AM

A. RALPH MOLLIS

Secretary of State

89168-321-822476