

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802256

FILED
Jun 16, 2010
Secretary of State

Entity Name: SPARTA INSURANCE COMPANY

Current Principal Place of Business:

185 ASYLUM ST.
CITY PLACE II
HARTFORD, CT 06103

New Principal Place of Business:

Current Mailing Address:

185 ASYLUM ST.
CITY PLACE II
HARTFORD, CT 06103

New Mailing Address:

FEI Number: 04-1027270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C/D
Name: ESTES, III, GEORGE L
Address: 185 ASYLUM STREET, CITY PLACE II
City-St-Zip: HARTFORD, CT 06103

Title: P
Name: COSTELLO, KEVIN G
Address: 185 ASYLUM STREET, CITY PLACE II
City-St-Zip: HARTFORD, CT 06103

Title: V
Name: FIRST, BRIAN D
Address: 185 ASYLUM STREET, CITY PLACE II
City-St-Zip: HARTFORD, CT 06103

Title: V
Name: MULROY, BRIAN P
Address: 185 ASYLUM STREET, CITY PLACE II
City-St-Zip: HARTFORD, CT 06103

Title: V/T
Name: WARE, DAWNE E
Address: 185 ASYLUM STREET, CITY PLACE II
City-St-Zip: HARTFORD, CT 06103

Title: V/S
Name: VISINTAINER, MICHAEL A
Address: 185 ASYLUM STREET, CITY PLACE II
City-St-Zip: HARTFORD, CT 06103

I hereby 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 all other like empowered.

SIGNATURE: DAWNE E. WARE

V/T

06/16/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date