## 2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 802256** 

**Entity Name: SPARTA INSURANCE COMPANY** 

**Current Principal Place of Business:** 

5 BATTERSON PARK ROAD 3RD FLOOR

FARMINGTON, CT 06032

**Current Mailing Address:** 

5 BATTERSON PARK ROAD

3RD FLOOR

FARMINGTON, CT 06032 US

FEI Number: 04-1027270 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARMINGTON CT 06032

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST

TALLAHASSEE, FL 32399-0000 US

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:

City-State-Zip:

Date Electronic Signature of Registered Agent

Title

Officer/Director Detail:

Title PRESIDENT, CEO, CHIEF CLAIMS Title GENERAL COUNSEL & SECRETARY

> OFFICER AND DIRECTOR Name GALLENT, AMY

EISENMANN, STEPHEN E Name

**5 BATTERSON PARK ROAD** Address **5 BATTERSON PARK ROAD** Address 3RD FLOOR

3RD FLOOR

City-State-Zip: FARMINGTON CT 06032 City-State-Zip: FARMINGTON CT 06032

CFO & SVP Title **DIRECTOR** 

Name PRICE, TRACEY A Name HAASE, GARY

Address **5 BATTERSON PARK ROAD** Address **5 BATTERSON PARK ROAD** 3RD FLOOR

3RD FLOOR

City-State-Zip: FARMINGTON CT 06032

Title **DEPUTY CHIEF INVESTMENT** 

Title **TREASURER** OFFICER

Name MCBEATH, DUNCAN C Name HARNIK, PETER L

Address **5 BATTERSON PARK ROAD** Address **5 BATTERSON PARK ROAD** 

3RD FLOOR 3RD FLOOR

FARMINGTON CT 06032 FARMINGTON CT 06032 City-State-Zip: City-State-Zip:

SENIOR VICE PRESIDENT **HEAD OF RISK** Title Title

POWELL, DANIEL Name WALKER, TIM Name

**5 BATTERSON PARK ROAD 5 BATTERSON PARK ROAD** Address Address

3RD FLOOR 3RD FLOOR

City-State-Zip: FARMINGTON CT 06032 City-State-Zip: FARMINGTON CT 06032

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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.

04/14/2020 SIGNATURE: DIANE LEGERE

U.S. COMPLIANCE OFFICER

**FILED** Apr 14, 2020

**Secretary of State** 

5478872835CC

## Officer/Director Detail Continued:

Title VP

Name CHRISTENSEN, DEBRA

Address 5 BATTERSON PARK ROAD

3RD FLOOR

City-State-Zip: FARMINGTON CT 06032

Title ASSISTANT SECRETARY

Name DEAN, MARYANN

Address 5 BATTERSON PARK ROAD

3RD FLOOR

City-State-Zip: FARMINGTON CT 06032

Title U.S. COMPLIANCE OFFICER,

ASSISTANT SECRETARY

Name LEGERE, DIANE

Address 5 BATTERSON PARK ROAD

3RD FLOOR

City-State-Zip: FARMINGTON CT 06032

Title DIRECTOR

Name FLEMING, CHRISTOPHER

Address 5 BATTERSON PARK ROAD

3RD FLOOR

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