2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802256

Entity Name: SPARTA INSURANCE COMPANY

Current Principal Place of Business:

185 ASYLUM ST. CITY PLACE II HARTFORD, CT 06103

Current Mailing Address:

185 ASYLUM ST. CITY PLACE II HARTFORD, CT 06103

FEI Number: 04-1027270

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US FILED Feb 11, 2015 Secretary of State CC4067265996

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	CEO & PRESIDENT	Title	GENERAL COUNSEL & SECRETARY
Name	WARE, DAWNE E	Name	CLAFLIN, SUSAN S
Address	185 ASYLUM ST.	Address	185 ASYLUM STREET, CITY PLACE II
City State Zin		City-State-Zip:	HARTFORD CT 06103
City-State-Zip:	HARTFORD CT 06103		
Title	EVP & CHIEF CLAIMS OFFICER	Title	CFO & SVP
Name	PUTTERMAN, SUSAN B	Name	PRICE, TRACEY A
Address	185 ASYLUM STREET, CITY PLACE II	Address	185 ASYLUM STREET, CITY PLACE II
	,	City-State-Zip:	HARTFORD CT 06103
City-State-Zip:	HARTFORD CT 06103		
		T :4	
Title	TREASURER	Title	CHIEF INVESTMENT OFFICER
		Title Name	CHIEF INVESTMENT OFFICER HARNIK, PETER L
Name	MCBEATH, DUNCAN C		HARNIK, PETER L 185 ASYLUM ST.
Name Address	MCBEATH, DUNCAN C 185 ASYLUM STREET, CITY PLACE II	Name Address	HARNIK, PETER L 185 ASYLUM ST. CITY PLACE II
Name	MCBEATH, DUNCAN C	Name	HARNIK, PETER L 185 ASYLUM ST. CITY PLACE II
Name Address	MCBEATH, DUNCAN C 185 ASYLUM STREET, CITY PLACE II	Name Address	HARNIK, PETER L 185 ASYLUM ST. CITY PLACE II
Name Address City-State-Zip:	MCBEATH, DUNCAN C 185 ASYLUM STREET, CITY PLACE II HARTFORD CT 06103	Name Address	HARNIK, PETER L 185 ASYLUM ST. CITY PLACE II
Name Address City-State-Zip: Title	MCBEATH, DUNCAN C 185 ASYLUM STREET, CITY PLACE II HARTFORD CT 06103 EVP & CHIEF INFORMATION OFFICER	Name Address	HARNIK, PETER L 185 ASYLUM ST. CITY PLACE II

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: TRACEY A PRICE

City-State-Zip: HARTFORD CT 06103

SVP & CFO

02/11/2015

Date

Electronic Signature of Signing Officer/Director Detail