2013 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 FILED
Mar 01, 2013
Secretary of State
CC6826714460

Current Mailing Address:

185 ASYLUM ST. CITY PLACE II HARTFORD, CT 06103

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

Name and Address of Current Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title CHAIRMAN Title CEO

Name ESTES, III, GEORGE L Name JONES, RALPH E III

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

Title PRESIDENT Title VP

Name FIRST, BRIAN D Name PUTTERMAN, SUSAN B

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

Title CFO Title VP, SECRETARY

Name WARE, DAWNE E Name VISINTAINER, MICHAEL 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

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.