

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802256

FILED
Mar 17, 2016
Secretary of State
CC8430912305

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

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 CEO & PRESIDENT
Name WARE, DAWNE E
Address 185 ASYLUM ST.
CITY PLACE II
City-State-Zip: HARTFORD CT 06103

Title GENERAL COUNSEL & SECRETARY
Name CLAFLIN, SUSAN S
Address 185 ASYLUM STREET, CITY PLACE II
City-State-Zip: HARTFORD CT 06103

Title CHIEF CLAIMS OFFICER
Name EISENMANN, STEPHEN
Address 185 ASYLUM STREET, CITY PLACE II
City-State-Zip: HARTFORD CT 06103

Title CFO & SVP
Name PRICE, TRACEY A
Address 185 ASYLUM STREET, CITY PLACE II
City-State-Zip: HARTFORD CT 06103

Title TREASURER
Name MCBEATH, DUNCAN C
Address 185 ASYLUM STREET, CITY PLACE II
City-State-Zip: HARTFORD CT 06103

Title CHIEF INVESTMENT OFFICER
Name HARNIK, PETER L
Address 185 ASYLUM ST.
CITY PLACE II
City-State-Zip: HARTFORD CT 06103

Title SENIOR VICE PRESIDENT
Name POWELL, DANIEL
Address 185 ASYLUM ST.
CITY PLACE II
City-State-Zip: HARTFORD CT 06103

Title HEAD OF RISK
Name WALKER, TIM
Address 185 ASYLUM ST.
CITY PLACE II
City-State-Zip: HARTFORD CT 06103

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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.

SIGNATURE: DIANE LEGERE

ASSISTANT SECRETARY 03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SENIOR VICE PRESIDENT
Name KISSNER, LEIGH ANN
Address 185 ASYLUM ST.
CITY PLACE II
City-State-Zip: HARTFORD CT 06103

Title ASSISTANT SECRETARY
Name LEGERE, DIANE
Address 185 ASYLUM ST.
CITY PLACE II
City-State-Zip: HARTFORD CT 06103

Title VP
Name CHRISTENSEN, DEBRA
Address 185 ASYLUM ST.
CITY PLACE II
City-State-Zip: HARTFORD CT 06103

Title ASSISTANT SECRETARY
Name DEAN, MARYANN
Address 185 ASYLUM ST.
CITY PLACE II
City-State-Zip: HARTFORD CT 06103