

2014 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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
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
Name ESTES, III, GEORGE L
Address 185 ASYLUM STREET, CITY PLACE II
City-State-Zip: HARTFORD CT 06103

Title CEO
Name JONES, RALPH E III
Address 185 ASYLUM STREET, CITY PLACE II
City-State-Zip: HARTFORD CT 06103

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

Title VP
Name PUTTERMAN, SUSAN B
Address 185 ASYLUM STREET, CITY PLACE II
City-State-Zip: HARTFORD CT 06103

Title CFO
Name WARE, DAWNE E
Address 185 ASYLUM STREET, CITY PLACE II
City-State-Zip: HARTFORD CT 06103

Title VP, SECRETARY
Name VISINTAINER, MICHAEL A
Address 185 ASYLUM STREET, CITY PLACE II
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.

SIGNATURE: DAWNE E WARE

EVP & CFO

03/05/2014

Electronic Signature of Signing Officer/Director Detail

Date