

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000006550

**Entity Name:** SENTINEL INSURANCE COMPANY, LTD.

**Current Principal Place of Business:**

ONE HARTFORD PLAZA  
HARTFORD, CT 06155

**Current Mailing Address:**

ONE HARTFORD PLAZA  
HO-1-11  
HARTFORD, CT 06155 US

**FEI Number:** 06-1552103

**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 DIRECTOR  
Name PAIANO, ROBERT W  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title ASST. VP  
Name HAYDEN, AUDREY  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title PRESIDENT, DIRECTOR  
Name ELLIOT, DOUGLAS G.  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title SECRETARY  
Name LEVIN, LISA S  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title ASST. SECRETARY  
Name ELLIOTT, HOLLY  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title ASST. SECRETARY  
Name PARILLO, SIMONE  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title ASST. SECRETARY  
Name MARTINEZ, GISELL  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

Title TREASURER  
Name PURTILL, SABRA R  
Address ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155

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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:** LISA S. LEVIN

**SECRETARY**

**04/03/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            JOHNSON, BRION S  
Address        ONE HARTFORD PLAZA  
City-State-Zip: HARTFORD CT 06155