

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006550

Entity Name: SENTINEL INSURANCE COMPANY, LTD.

Current Principal Place of Business:

ONE HARTFORD PLAZA
HARTFORD, CT 06155

FILED
Mar 11, 2020
Secretary of State
5496765480CC

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

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

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

Continues on page 2

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

03/11/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name JORENS, KATHLEEN E
Address ONE HARTFORD PLAZA
City-State-Zip: HARTFORD CT 06155

Title DIRECTOR
Name CHANDY, EAPEN A
Address ONE HARTFORD PLAZA
City-State-Zip: HARTFORD CT 06155