

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002996

FILED
Apr 11, 2011
Secretary of State

Entity Name: STARR GLOBAL ACCIDENT AND HEALTH INSURANCE AGENCY, LLC

Current Principal Place of Business:

GHREE GREENWICH OFFICE PARK
51 WEAVER STREET
GREENWICH, CT 06831

New Principal Place of Business:

399 PARK AVENUE
9TH FLOOR
NEW YORK, NY 10022

Current Mailing Address:

GHREE GREENWICH OFFICE PARK
51 WEAVER STREET
GREENWICH, CT 06831

New Mailing Address:

399 PARK AVENUE
9TH FLOOR
NEW YORK, NY 10022

FEI Number: 20-8068222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BLAKEY, STEVEN G
Address: 399 PARK AVENUE, 9TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: MGR
Name: CASTELLI, MICHAEL J
Address: 399 PARK AVENUE, 9TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: MGR
Name: ROTH, SCOTT
Address: 399 PARK AVENUE, 9TH FLOOR
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANDELINE HENDRICKS

POA

04/11/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date