

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002996

Entity Name: STARR INSURANCE AGENCY, LLC

Current Principal Place of Business:

399 PARK AVENUE
SUITE 2000
NEW YORK, NY 10022

Current Mailing Address:

THREE GREENWICH OFFICE PARK
51 WEAVER STREET
GREENWICH, CT 06831 US

FEI Number: 47-2248811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Authorized Person(s) Detail :

Title MANAGER
Name BLAKEY, STEVEN G.
Address 399 PARK AVENUE, 2ND FLOOR
City-State-Zip: NEW YORK NY 10022

Title MANAGER
Name CRUZ, ROBERT
Address 399 PARK AVENUE, SUITE 2000
City-State-Zip: NEW YORK NY 10022

Title SECRETARY
Name MURRAY, JULIE
Address 399 PARK AVENUE, 8TH FLOOR
City-State-Zip: NEW YORK NY 10022

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE MURRAY

SECRETARY

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date