

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850502

**Entity Name:** STARR INDEMNITY & LIABILITY COMPANY

**Current Principal Place of Business:**

399 PARK AVENUE, SUITE 2000  
NEW YORK, NY 10022

**Current Mailing Address:**

399 PARK AVENUE, SUITE 2000  
NEW YORK, NY 10022 US

**FEI Number:** 75-1670124

**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            PRESIDENT AND CHIEF EXECUTIVE OFFICER  
Name            BLAKEY, STEVEN G.  
Address        399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            BLAKEY, STEVEN G.  
Address        399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            SMITH, HOWARD IAN  
Address        399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            GREENBERG, MAURICE RAYMOND  
Address        399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            REID, CHARLES  
Address        399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022

Title            GENERAL COUNSEL AND SECRETARY  
Name            GINSBURG, NEHEMIAH  
Address        399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            GINSBURG, NEHEMIAH  
Address        399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR OF TAXATION  
Name            O'CONNOR, WILLIAM  
Address        399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022

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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:** MURRAY, JULIE

**ASSISTANT SECRETARY    03/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CASTELLI, MICHAEL J.  
Address 399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022

Title CFO  
Name MICHAEL J., CASTELLI  
Address 399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name SAUL, BASCH  
Address 399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022

Title ASSISTANT SECRETARY  
Name MURRAY, JULIE  
Address 399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name PAULA ALEXANDRA, FRANCIS,  
Address 399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name RICHARD N., SHAAK,  
Address 399 PARK AVENUE, SUITE 2000  
City-State-Zip: NEW YORK NY 10022