2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004447

Entity Name: C V STARR & CO CALIFORNIA

Current Principal Place of Business:

100 MONTGOMERY STREET 24TH FLOOR SAN FRANCISCO, CA 94014

Current Mailing Address:

100 MONTGOMERY STREET 24TH FLOOR SAN FRANCISCO, CA 94014 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM C/O 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

Officer/Director Detail :

Officer/Director Detail :				
	Title	DIRECTOR	Title	DIRECTOR
	Name	SHAAK, RICHARD N.	Name	BLAKEY, STEVEN G.
	Address	399 PARK AVENUE FLOOR 9	Address	399 PARK AVENUE 2ND FLOOR
	City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022
	Title	TREASURER	Title	SECRETARY
	Name	TUCKER, WILLIAM	Name	MURRAY, JULIE
	Address	399 PARK AVENUE FLOOR 8	Address	399 PARK AVENUE FLOOR 8
	City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022
	Title	VP	Title	ASSISTANT VICE PRESIDENT
	Name	LANG, WILLIAM E.	Name	BURGESS, DEVIN
	Name Address	LANG, WILLIAM E. 399 PARK AVENUE FLOOR 9	Name Address	BURGESS, DEVIN 399 PARK AVENUE 2ND FLOOR
		399 PARK AVENUE		399 PARK AVENUE
	Address	399 PARK AVENUE FLOOR 9	Address	399 PARK AVENUE 2ND FLOOR
	Address City-State-Zip:	399 PARK AVENUE FLOOR 9 NEW YORK NY 10022	Address City-State-Zip:	399 PARK AVENUE 2ND FLOOR NEW YORK NY 10022
	Address City-State-Zip: Title	399 PARK AVENUE FLOOR 9 NEW YORK NY 10022 DIRECTOR	Address City-State-Zip: Title	399 PARK AVENUE 2ND FLOOR NEW YORK NY 10022 PRESIDENT, CEO
	Address City-State-Zip: Title Name	399 PARK AVENUE FLOOR 9 NEW YORK NY 10022 DIRECTOR FRENCH, DAVID S. 399 PARK AVENUE	Address City-State-Zip: Title Name	399 PARK AVENUE 2ND FLOOR NEW YORK NY 10022 PRESIDENT, CEO BLAKEY, STEVEN G. 399 PARK AVENUE

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: JULIE MURRAY		SECRETARY	04/09/2018
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Apr 09, 2018 Secretary of State CC0583006519

Certificate of Status Desired: No

Date