

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004447

**FILED**  
**Apr 18, 2016**  
**Secretary of State**  
**CC2966580177**

**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:** 94-1115603

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ASSISTANT VICE PRESIDENT  
Name BLAINE, LYNN  
Address 5151 SAN FELIPE STREET  
SUITE 700  
City-State-Zip: HOUSTON TX 77056

Title DIRECTOR  
Name BLAKEY, STEVEN G.  
Address 3353 PEACHTREE ROAD N.E  
SUITE 1000  
City-State-Zip: ATLANTA GA 30326

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

Title DIRECTOR, PRESIDENT AND CHIEF  
EXECUTIVE OFFICER  
Name DANGELO, CHARLES  
Address 399 PARK AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title VP  
Name DOWD, JAMES  
Address FLOOR, 9  
399 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

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

Title VP  
Name PITTINGER, JAMES  
Address 399 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name SHAAK, RICHARD N.  
Address FLOOR, 9  
399 PARK AVENUE  
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:** JULIE MURRAY

**ASSISTANT SECRETARY** 04/18/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           TUCKER, WILLIAM  
Address        FLOOR, 8  
                  399 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022