

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004447

**FILED**  
**Apr 05, 2013**  
**Secretary of State**  
**CC2251624301**

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

Title DIRECTOR, PRESIDENT, CEO  
Name DANGELO, CHARLES  
Address FLOOR, 8  
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

Title SENIOR VICE PRESIDENT  
Name ATHERTON, JOHN  
Address 101 SECOND STREET  
25TH FLOOR  
City-State-Zip: SAN FRANCISCO CA 94105

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

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

**Continues on page 2**

*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** 04/05/2013

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY

Name MURRAY, JULIE

Address 399 PARK AVENUE  
8TH FLOOR

City-State-Zip: NEW YORK NY 10022