

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000002673

**FILED**  
**Apr 07, 2018**  
**Secretary of State**  
**CC7671114070**

**Entity Name:** STARR SPECIALTY INSURANCE COMPANY

**Current Principal Place of Business:**

399 PARK AVENUE  
8TH FLOOR  
NEW YORK, NY 10022

**Current Mailing Address:**

399 PARK AVENUE  
8TH FLOOR  
NEW YORK, NY 10022 US

**FEI Number:** NOT APPLICABLE

**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

**Officer/Director Detail :**

Title DIRECTOR  
Name CASTELLI, MICHAEL J.  
Address 399 PARK AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name GINSBURG, NEHEMIAH  
Address 399 PARK AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name JOHNSON, JOSEPH CHARLES HENRY  
Address 19 PAR-LA-VILLE ROAD  
City-State-Zip: HAMILTON BERMUDA HM11

Title DIRECTOR  
Name LUNDQVIST, BERTIL P.  
Address 399 PARK AVENUE  
17TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name SMITH, HOWARD IAN  
Address 399 PARK AVENUE  
17TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title SENIOR VICE PRESIDENT, CHIEF UNDERWRITING OFFICER  
Name BESSINGER, RICHARD ALEXANDER  
Address 399 PARK AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10022

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

Title ASSISTANT CONTROLLER  
Name CHEN, YONG  
Address 399 PARK AVENUE  
8TH FLOOR  
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 04/07/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR OF ACTUARIAL SERVICES  
Name DUFFY, JOHN  
Address 399 PARK AVENUE  
City-State-Zip: NEW YORK NY 10022

Title GENERAL COUNSEL, SECRETARY  
Name GINSBURG, NEHEMIAH  
Address 399 PARK AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title REINSURANCE OFFICER  
Name CONSTABLE, JEFFREY  
Address 399 PARK AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10022

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

Title DIRECTOR  
Name FREUDMANN, AXEL  
Address 399 PARK AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR OF TAXATION  
Name O'CONNOR, WILLIAM  
Address 399 PARK AVENUE  
8TH FLOOR  
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, CHIEF INFORMATION OFFICER  
Name TORAN, MICHAEL T.  
Address 399 PARK AVENUE  
9TH FLOOR  
City-State-Zip: NEW YORK NY 10022

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

Title CHIEF PROPERTY, CASUALTY  
CLAIMS OFFICER  
Name FITZGERALD, DAVID  
Address 399 PARK AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10022