


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
05 APR 29 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F00000006982</b> 1. Entity Name <b>STARR TECHNICAL RISKS AGENCY, INC.</b>					
Principal Place of Business <b>70 PINE STREET NEW YORK, NY 10270</b>			Mailing Address <b>70 PINE STREET 30TH FLOOR NEW YORK, NY</b>		
2. Principal Place of Business <b>175 Water Street</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>New York, NY</b>		City & State		4. FEI Number <b>13-5619563</b>	
Zip <b>10270</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TIZZIO, THOMAS R 175 WATER STREET NEW YORK, NY 10038	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP REGAN, JAMES R 500 W MADISON ST CHICAGO, IL 60661	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP SHAAK, RICHARD N 70 PINE STREET NEW YORK, NY 10270	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WONG, KYLIE 70 PINE STREET NEW YORK, NY 10270	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M 70 PINE STREET NEW YORK, NY 10270	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARANTZ, MICHAEL D 70 PINE STREET NEW YORK, NY 10270	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500053040555				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Regan, James R. 300 South Riverside Plaza Chicago, IL 60601				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, P, D Shaak, Richard N. 175 Water Street New York, NY 10038				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, C Frisch, Brian S. 175 Water Street New York, NY 10038				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Cicalo, Nancy 70 Pine Street New York, NY 10270				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ (Signature and Typed or Printed Name of Signing Officer or Director)					
Date: <b>4/26/05</b> Daytime Phone #: <b>(212) 770-7000</b>					

8/26/05 MAY 02 2005



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 343551 4320171

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2005

ORDER TIME : 10:43 AM

ORDER NO. : 343551-150

CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon  
American International Group,  
30th Floor, 70 Pine Street  
- Corporate  
New York, NY 10270

ANNUAL REPORT FILING

NAME: STARR TECHICAL RISKS AGENCY,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
05 APR 29 PM 1:10  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA