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06 APR 19 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900070906339

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000006982

1. Entity Name
STARR TECHNICAL RISKS AGENCY, INC.

Principal Place of Business	Mailing Address
90 Park Avenue, 7th Floor New York, NY 10016	90 Park Avenue, 7th Floor New York, NY 10016

DO NOT WRITE IN THIS SPACE

04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-5619563

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President, Chief Executive Officer and Director
NAME	Richard N. Shaak
STREET ADDRESS	90 Park Avenue, 7th Floor
CITY-ST-ZIP	New York, NY 10016
TITLE	Senior Vice President
NAME	James J. Regan
STREET ADDRESS	30 South Wacker Drive, 22nd Floor
CITY-ST-ZIP	Chicago, IL 60606
TITLE	Vice President & Director
NAME	Daniel P. McDonnell
STREET ADDRESS	399 Park Avenue, 17th Floor
CITY-ST-ZIP	New York, NY 10022
TITLE	Vice President
NAME	John F. Crouch
STREET ADDRESS	633 West 5th Street, 26th Floor
CITY-ST-ZIP	Los Angeles, CA 90071
TITLE	Vice President, Secretary & Comptroller
NAME	Brian S. Frisch
STREET ADDRESS	90 Park Avenue, 7th Floor
CITY-ST-ZIP	New York, NY 10016
TITLE	Treasurer
NAME	Michael D. Warantz
STREET ADDRESS	399 Park Avenue, 17th Floor
CITY-ST-ZIP	New York, NY 10022

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/19/06 646-227-6304
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brian S. Frisch

K. Eckel APR 19 2006

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 012731 4312639

AUTHORIZATION :

COST LIMIT : $ 150.00

ORDER DATE : April 19, 2006

ORDER TIME : 10:24 AM

ORDER NO. : 012731-015

CUSTOMER NO: 4312639

ANNUAL REPORT FILING

NAME: STARR TECHNICAL 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: Matthew Young - Ext. 2962

EXAMINER'S INITIALS:

RECEIVED
06 APR 19 AM 10:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. Eckel APR 19 2006