


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F00000006982			
1. Entity Name STARR TECHNICAL RISKS AGENCY, INC.			
Principal Place of Business 90 PARK AVENUE, 7TH FLOOR NEW YORK, NY 10016		Mailing Address 90 PARK AVENUE, 7TH FLOOR NEW YORK, NY 10016	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

07 JAN 25 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500086237585



01082007 Chg-P CR2E034 (12/06)

4. FEI Number 13-5619563		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SHAAK, RICHARD N 90 PARK AVENUE, 7TH FLOOR NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP REGAN, JAMES R 30 SOUTH WACKER DRIVE, 22ND FLOOR CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Regan, James R. 500 West Monroe Steet, Suite 2600 Chicago, IL 60661 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCDONNELL, DANIEL P 399 PARK AVENUE, 17TH FLOOR NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD McDonnell, Daniel P. 90 Park Ave., 7th Fl, NY, NY 10016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROUCH, JOHN F 633 WEST 5TH STREET, 26TH FLOOR LOS ANGELES, CA 90071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Crouch, John F. 888 W. Sixth St., Suite 1400 Los Angeles, CA 90017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSC FRISCH, BRIAN S 90 PARK AVENUE, 7TH FLOOR NEW YORK, NY 10016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARANTZ, MICHAEL D 399 PARK AVENUE, 17TH FLOOR NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Warantz, Michael 90 Park Ave., 7th Fl., NY, NY 10016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Brian S. Frisch**
Date **1/25/07** Daytime Phone # _____

K. Eckel JAN 25 2007

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Starr Technical Risks Agency, Inc.
Directors and Officers
Effective March 1, 2006
90 Park Avenue, 7th Floor
New York, NY 10016

DIRECTORS

Daniel P. McDonnell
Richard Nathan Shaak

OFFICERS

Richard Nathan Shaak
James Joseph Regan
Frank Pedicini
John Frederick Lloyd Crouch
Anthony Freeman
Brian Stuart Frisch
James Jezewski
Daniel P. McDonnell
Kevin Mooney
Kenneth M. Mosig
Glenn D. Murphy
Laura Tashgy
Raymond Myles Walshe
Joanne Marie Zajac
James Mullin
John R. Sahn
Frank Argondizzo
Bernard Sloan
Michael David Warantz

Titles

President & Chief Executive Officer
Senior Vice President
Senior Vice President
Vice President
Vice President
Vice President, Secretary & Comptroller
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Assistant Vice President
Assistant Vice President
Assistant Vice President
Assistant Vice President
Treasurer



CORPORATION SERVICE COMPANY

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RECEIVED

07 JAN 25 PM 2:51

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 727366 4312639
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 150.00

ORDER DATE : January 24, 2007
ORDER TIME : 12:26 PM
ORDER NO. : 727366-005
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: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____