

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006982

FILED
Feb 12, 2008
Secretary of State

Entity Name: STARR TECHNICAL RISKS AGENCY, INC.

Current Principal Place of Business:

90 PARK AVENUE, 7TH FLOOR
NEW YORK, NY 10016

New Principal Place of Business:

Current Mailing Address:

90 PARK AVENUE, 7TH FLOOR
NEW YORK, NY 10016

New Mailing Address:

FEI Number: 13-5619563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SHAAK, RICHARD N
Address: 90 PARK AVENUE, 7TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: SVP () Delete
Name: REGAN, JAMES R
Address: 500 WEST MONROE STREET, SUITE 2600
City-St-Zip: CHICAGO, IL 60661

Title: VPD () Delete
Name: MCDONNELL, DANIEL P
Address: 90 PARK AVE., 7TH FL.
City-St-Zip: NEW YORK, NY 10016

Title: VP () Delete
Name: CROUCH, JOHN F
Address: 888 W. SIXTH ST., SUITE 1400
City-St-Zip: LOS ANGELES, CA 90017

Title: VPSC () Delete
Name: FRISCH, BRIAN S
Address: 90 PARK AVENUE, 7TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: T () Delete
Name: WARRANTZ, MICHAEL D
Address: 90 PARK AVE., 7TH FL.
City-St-Zip: NEW YORK, NY 10016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: REGAN, JAMES
Address: 500 W. MONROE ST., SUITE 2600
City-St-Zip: CHICAGO, IL 60661

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN S. FRISCH

VPSC

02/12/2008

Electronic Signature of Signing Officer or Director

Date