

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003866

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** STARR TECHNICAL RISKS AGENCY OF GEORGIA, INC.

**Current Principal Place of Business:**

3353 PEACHTREE ROAD N.E.  
SUITE 1000  
ATLANTA, GA 30326

**New Principal Place of Business:**

3353 PEACHTREE ROAD N.E.  
SUITE 1000  
ATLANTA, GA 30326 US

**Current Mailing Address:**

3353 PEACHTREE ROAD N.E.  
SUITE 1000  
ATLANTA, GA 30326

**New Mailing Address:**

399 PARK AVENUE  
7TH FLOOR  
NEW YORK, NY 10016 US

**FEI Number:** 58-1378339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHAAK, RICHARD N  
Address: FLOOR, 9 399 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022 US

Title: VP  
Name: DEVON, JAMES T  
Address: 3353 PEACHTREE ROAD N.E. SUITE 1000  
City-St-Zip: ATLANTA, GA 30326 US

Title: SEC  
Name: BRYAN, THOMAS A  
Address: 399 PARK AVENUE 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10022 US

Title: VPCO  
Name: FRISCH, BRIAN STUART  
Address: 3353 PEACHTREE ROAD N.E. SUITE 1000  
City-St-Zip: ATLANTA, GA 30326 US

Title: VP  
Name: SAUNDERS, GRANT  
Address: 3353 PEACHTREE ROAD N.E. SUITE 1000  
City-St-Zip: ATLANTA, GA 30326 US

Title: AS  
Name: MURRAY, JULIE  
Address: 399 PARK AVENUE 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10022 US

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: MANDY HENDRICKS

POA

04/16/2012

Electronic Signature of Signing Officer or Director

Date