2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2019
Secretary of State
3543618708CC

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Entity Name: STARR AVIATION AGENCY, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 13-1947675

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title	CHIEF EXECUTIVE OFFICER & PRESIDENT
Name	BLAKEY, STEVEN G.
Address	399 PARK AVENUE 2ND FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	EXECUTIVE VICE PRESIDENT
Name	LUIKERT, JOHN A.
Address	3353 PEACHTREE ROAD N.E. SUITE 1000
City-State-Zip:	ATLANTA GA 30326

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

Title	ASSISTANT VICE PRESIDENT
Name	WEBER, DARRELL
Address	3353 PEACHTREE ROAD N.E. SUITE 1000
City-State-Zip:	ATLANTA GA 30326

Title	CFO, CHIEF OPERATIONS OFFICER AND TREASURER
Name	CLEMENTE, JOHN
Address	3353 PEACHTREE ROAD N.E. SUITE 1000
City-State-Zip:	ATLANTA GA 30326

Title	SENIOR VICE PRESIDENT AND CHIEF UNDERWRITING OFFICER
Name	SPARKS, KYLE ANTHONY
Address	3353 PEACHTREE ROAD N.E. SUITE 1000
City-State-Zip:	ATLANTA GA 30326

Title	ASSISTANT VICE PRESIDENT
Name	BURGESS, DEVIN
Address	399 PARK AVENUE 2ND FLOOR
City-State-Zip:	NEW YORK NY 10022

Title	DIRECTOR
Name	BLAKEY, STEVEN G.
Address	399 PARK AVENUE 2ND FLOOR
City-State-Zip:	NEW YORK NY 10022

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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: JULIE MURRAY SECRETARY 03/26/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CLEMENTE, JOHN
Address	3353 PEACHTREE ROAD N.E. SUITE 1000
City-State-Zip:	ATLANTA GA 30326

Title	DIRECTOR
Name	SPARKS, KYLE ANTHONY
Address	3353 PEACHTREE ROAD N.E. SUITE 1000
City-State-Zip:	ATLANTA GA 30326

Title	DIRECTOR
Name	WEAVER, LYNN W.
Address	3353 PEACHTREE ROAD N.E. SUITE 1000
City-State-Zip:	ATLANTA GA 30326