

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214529822

1.) CORPORATION NAME:

Starr Indemnity & Liability Company

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0369225**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000
PREFER	90,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 399 Park Avenue
8th Floor

CITY/ST/ZIP: New York, NY 10022

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES DANGELO	
TITLE:	PRESIDENT/CEO	
ADDRESS:	399 PARK AVENUE	
	8TH FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10022	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID HATCHER BAKER	
TITLE:	VICE PRESIDENT	
ADDRESS:	399 PARK AVENUE	
	8TH FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10022	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICIA BARRETT	
TITLE:	ASSISTANT VP	
ADDRESS:	1000 WILSHIRE BLVD	
	SUITE 2200	
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD ALEXANDER BESSINGER	
TITLE:	SENIOR VP	
ADDRESS:	399 PARK AVENUE	
	8TH FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10022	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CARMELLA CAPITANO	
TITLE:	ASSISTANT VP	
ADDRESS:	350 W. 55th Street	
	Apt 9O	
CITY/ST/ZIP/CO:	New York, NY 10019	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEX JOHN PITTIGNANO VICE PRESIDENT 399 PARK AVENUE 8TH FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES PITTINGER VICE PRESIDENT 399 PARK AVENUE New York, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL RYAN VICE PRESIDENT 399 PARK AVENUE 8TH FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD THOMAS VICE PRESIDENT 399 PARK AVENUE 8TH FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL T. TORAN VP/CIO 399 PARK AVENUE 9TH FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM TUCKER CFO/TREASURER FLOOR, 8 399 PARK AVENUE NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEHEMIAH GINSBURG GC/SECRETARY 399 PARK AVENUE 8TH FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	YONG CHEN ASST. CONTROLLE 399 PARK AVENUE 8TH FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE MURRAY ASST SECRETARY 399 PARK AVENUE 8TH FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM O'CONNOR DIR OF TAXATION FLOOR, 8 399 PARK AVENUE NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES VENDETTI EVP/CUO 399 PARK AVENUE 8TH FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J. CASTELLI DIRECTOR FLOOR, 8 399 PARK AVENUE NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY CONSTABLE Reinsurance Off 399 PARK AVENUE 8TH FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH CHARLES HENRY JOHNSON DIRECTOR FLOOR, 5, 19 PAR-LA-VILLE ROAD Hamilton, BERMUDA HM11, , BM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BERTIL P. LUNDQVIST DIRECTOR 399 PARK AVENUE 17TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD EASTON MATTHEWS DIRECTOR 399 PARK AVENUE 17TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELEANOR KITZMAN DIRECTOR 399 PARK AVENUE 8TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES REID DIRECTOR 3 SAINT SIMONS SQUARE GREENSBORO, NC 27408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN SALINGER DIRECTOR 399 PARK AVENUE 8TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH CLARK ASSISTANT VP 399 PARK AVENUE 8TH FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN DUFFY OTHER OFFICER 399 PARK AVENUE NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JULIE MURRAY	JULIE MURRAY, ASST SECRETARY	6/10/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.