

1.) CORPORATION NAME:

**STARR TECHNICAL RISKS AGENCY, INC.**

DUE DATE: **12/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060**

SCC ID NO: **F1453085**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 399 PARK AVENUE  
9TH 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.

NAME: JAMES JOSEPH REGAN  OFFICER  DIRECTOR  
 TITLE: SENIOR VP  
 ADDRESS: 399 PARK AVENUE  
 9TH FLOOR  
 CITY/ST/ZIP/CO: NEW YORK, NY 10022-

NAME: BRIAN STUART FRISCH  OFFICER  DIRECTOR  
 TITLE: VP/COMPTROLLER  
 ADDRESS: 399 PARK AVENUE  
 9TH FLOOR  
 CITY/ST/ZIP/CO: NEW YORK, NY 10022-

NAME: RICHARD N SHAAK  OFFICER  DIRECTOR  
 TITLE: CEO/PRES  
 ADDRESS: 399 PARK AVENUE  
 9TH FLOOR  
 CITY/ST/ZIP/CO: NEW YORK, NY 10022-

NAME: MICHAEL J. CASTELLI  OFFICER  DIRECTOR  
 TITLE: TREASURER  
 ADDRESS: 399 PARK AVENUE  
 9TH FLOOR  
 CITY/ST/ZIP/CO: NEW YORK, NY 10022-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY FREEMAN SVP 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:	MICHAEL GARRISON SVP 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:	RONALD BERLER VICE PRESIDENT 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:	JOHN FREDERICK LLOYD CROUCH VICE PRESIDENT 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:	MICHAEL J. HORVATH SECRETARY 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:	JAMES JEZEWSKI VICE PRESIDENT 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:	LAURA KEARSON VICE PRESIDENT 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:	KEVIN MOONEY VICE PRESIDENT 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:	KENNETH M. MOSIG VICE PRESIDENT 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:	JAMES MULLIN VICE PRESIDENT 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:	GLENN D. MURPHY VICE PRESIDENT 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:	JOANNE MARIE ZAJAC VICE PRESIDENT 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:	LYNN BLAINE AVP 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:	JULIE CLIFFORD ASST SECRETARY 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:	TIMOTHY DRAG AVP 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:	DAVID MACKEY GAGNE AVP 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:	JOHN R. SAHM AVP 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:	BERNARD SLOAN AVP 399 PARK AVENUE 9TH FLOOR NEW YORK, NY 10022-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: STANLEY SMARTT TITLE: AVP ADDRESS: 399 PARK AVENUE 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: SANG TRAN TITLE: AVP ADDRESS: 399 PARK AVENUE 9TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: RAYMOND MYLES WALSH TITLE: AVP ADDRESS: 399 PARK AVENUE 9TH FLOOR CITY/ST/ZIP/CO: 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.

<u>/s/ JULIE CLIFFORD</u>	JULIE CLIFFORD, ASST SECRETARY	<u>12/3/2010</u>
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.