

1.) CORPORATION NAME:

**Starr Adjustment Services, Inc.**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1665043**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3353 Peachtree Road N.E.  
Suite 1000

CITY/ST/ZIP: Atlanta, GA 30326

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:	John A. Luikert	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3353 Peachtree Road N.E. Suite 1000		
CITY/ST/ZIP/CO:	Atlanta, GA 30326		
NAME:	Anthony R. Faiia	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Exec. VP		
ADDRESS:	3353 Peachtree Road N.E. Suite 1000		
CITY/ST/ZIP/CO:	Atlanta, GA 30326		
NAME:	James C. Watt	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	3353 Peachtree Road N.E. Suite 1000		
CITY/ST/ZIP/CO:	Atlanta, GA 30326		
NAME:	Thomas A Bryan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	399 Park Avenue 8th Floor		
CITY/ST/ZIP/CO:	New York, NY 10022		
NAME:	Thomas Connelly	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	399 Park Avenue 9th Floor		
CITY/ST/ZIP/CO:	New York, NY 10022		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul Ferguson VICE PRESIDENT 90 Park Avenue 7th Floor New York, NY 10016	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James Nasso VICE PRESIDENT Floor, 9 399 Park Avenue New York, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Niraj Patel Controller 3353 Peachtree Rd, NE Suite 1000 Atlanta, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carol Gregory Asst. VP 500 West Monroe Street Suite 2600 Chicago, IL 60661	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nancy J. Larsen Asst. VP 3353 Peachtree Road N.E Suite 1000 Atlanta, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rhonda Leake Asst. VP 5151 San Felipe Street Suite 700 Houston, TX 77056	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Daniel Montgomery Asst. VP Floor, 9 399 Park Avenue 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:	John Ordon Asst.VP 101 Second Street 25th Floor San Francisco, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Frank Reilly Asst. VP 3353 Peachtree Road N.E. Suite 1000 Atlanta, GA 30326	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Robert Zeuner TITLE: Asst. VP ADDRESS: Floor, 9 399 Park Avenue CITY/ST/ZIP/CO: New York, NY 10022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Peter Guy TITLE: VICE PRESIDENT ADDRESS: 3353 Peachtree Road N.E. Suite 1000 CITY/ST/ZIP/CO: Atlanta, GA 30326	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Steven G. Blakey TITLE: DIRECTOR ADDRESS: 3353 Peachtree Road N.E. Suite 1000 CITY/ST/ZIP/CO: Atlanta, GA 30326	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: John Alva Myers TITLE: DIRECTOR ADDRESS: 3353 Peachtree Road N.E. Suite 1000 CITY/ST/ZIP/CO: Atlanta, GA 30326	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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	3/23/2013
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.		