

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213525304

1.) CORPORATION NAME:

**C. V. Starr & Co.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

DUE DATE: **6/30/2013**

SCC ID NO: **F1673880**

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:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 MONTGOMERY STREET  
24TH FLOOR

CITY/ST/ZIP: SAN FRANCISCO, CA 94014

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 Atherton	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	101 Second Street 25th Floor San Francisco, CA 94105		

NAME:	Lynn Blaine	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst. VP		
ADDRESS:	5151 San Felipe Street Suite 700 Houston, TX 77056		

NAME:	Steven G. Blakey	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3353 Peachtree Road N.E Suite 1000 Atlanta, GA 30326		

NAME:	Thomas A Bryan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	399 Park Avenue 8th Floor New York, NY 10022		

NAME:	Charles Dangelo	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	President/CEO		
ADDRESS:	Floor, 8 399 Park Avenue New York, NY 10022		

NAME: James Dowd TITLE: VICE PRESIDENT ADDRESS: Floor, 9 399 Park Avenue CITY/ST/ZIP/CO: New York, NY 10022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Julie Murray TITLE: ASST SECRETARY ADDRESS: 399 Park Avenue 8th Floor CITY/ST/ZIP/CO: New York, NY 10022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Richard N. Shaak TITLE: DIRECTOR ADDRESS: Floor, 9 399 Park Avenue CITY/ST/ZIP/CO: New York, NY 10022	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: William Tucker TITLE: TREASURER ADDRESS: Floor, 8 399 Park Avenue CITY/ST/ZIP/CO: New York, NY 10022	<input checked="" type="checkbox"/> OFFICER <input 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	5/30/2013
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.		