

SCC eFile

2016 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

216518121

1.) CORPORATION NAME:

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

DUE DATE: **6/30/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1673880**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 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:	CHARLES DANGELO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	399 PARK AVENUE 8TH FLOOR NEW YORK, NY 10022		

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:	JAMES DOWD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	FLOOR, 9 399 PARK AVENUE NEW YORK, NY 10022		

NAME:	JAMES PITTINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	399 PARK AVENUE NEW YORK, NY 10022		

NAME:	WILLIAM TUCKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	FLOOR, 8 399 PARK AVENUE NEW YORK, NY 10022		

NAME: THOMAS A BRYAN TITLE: 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: 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: 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: 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	
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JULIE MURRAY, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/14/2016 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.		