

1.) CORPORATION NAME:

**Starr Surplus Lines Insurance Company**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F1800871**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	150,000,000
PREFNV	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: Floor 26  
500 West Monroe Street

CITY/ST/ZIP: Chicago, IL 60661

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:	David Hatcher Baker	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	399 Park Avenue 8th Floor New York, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	Marina Barg	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Floor, 8 399 Park Avenue New York, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	Richard Alexander Bessinger	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Senior VP		
ADDRESS:	399 Park Avenue 8th Floor New York, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	Carmella Capitano	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Assistant VP		
ADDRESS:	Floor 26 500 West Monroe Street Chicago, IL 60661		
CITY/ST/ZIP/CO:			
NAME:	Michael J. Castelli	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Floor, 8 399 Park Avenue New York, NY 10022		
CITY/ST/ZIP/CO:			

NAME:	Yong Chen	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst Controller		
ADDRESS:	399 Park Avenue 8th Floor		
CITY/ST/ZIP/CO:	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		
CITY/ST/ZIP/CO:	New York , NY 10022		
NAME:	Paula Alexandra Francis	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Floor 26 500 West Monroe Street		
CITY/ST/ZIP/CO:	Chicago, IL 60661		
NAME:	Joseph Charles Henry Johnson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Floor, 5, 19 Par-la-Ville Road		
CITY/ST/ZIP/CO:	Hamilton HM11, Bermud , BM		
NAME:	Honora Keane	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GC/Secretary		
ADDRESS:	399 Park Avenue 8th Floor		
CITY/ST/ZIP/CO:	New York, NY 10022		
NAME:	Michael Gregory Koziol	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Floor 26 500 West Monroe Street		
CITY/ST/ZIP/CO:	Chicago, IL 60661		
NAME:	Bertil P. Lundqvist	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	399 Park Avenue 17th Floor		
CITY/ST/ZIP/CO:	New York, NY 10022		
NAME:	Timothy Joseph Moore	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Floor 26 500 West Monroe Street		
CITY/ST/ZIP/CO:	Chicago, IL 60661		
NAME:	Julie Murray	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	399 Park Avenue 8th Floor		
CITY/ST/ZIP/CO:	New York, NY 10022		
NAME:	William O	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Floor, 8 399 Park Avenue		
CITY/ST/ZIP/CO:	New York, NY 10022		

NAME: Eileen Petraitis TITLE: Reinsurance Off ADDRESS: Floor, 8 399 Park Avenue CITY/ST/ZIP/CO: New York, NY 10022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Alex John Pittignano 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: Scott Roth TITLE: DIRECTOR ADDRESS: Floor, 8 399 Park Avenue CITY/ST/ZIP/CO: New York, NY 10022	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Richard Thomas 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: Michael T. Toran TITLE: VP/CIO ADDRESS: 399 Park Avenue 9th Floor CITY/ST/ZIP/CO: New York, NY 10022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: William Tucker TITLE: CFO/Treasurer ADDRESS: Floor, 8 399 Park Avenue CITY/ST/ZIP/CO: New York, NY 10022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: James Vendetti TITLE: EVP/CUO ADDRESS: 399 Park Avenue 8th Floor 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Julie Murray, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
8/2/2012 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.	