

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214508656

1.) CORPORATION NAME:

Starr Insurance Holdings, Inc.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1922345**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 399 Park Avenue, 8th 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:	Charles Dangelo	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	President & COO		
ADDRESS:	399 Park Avenue		
CITY/ST/ZIP/CO:	8th Floor New York, NY 10022		
NAME:	Maurice Raymond Greenberg	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/Chairman		
ADDRESS:	399 Park Avenue		
CITY/ST/ZIP/CO:	17th Floor New York, NY 10022		
NAME:	Bertil P. Lundqvist	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP&Gen.Counsel		
ADDRESS:	399 Park Avenue		
CITY/ST/ZIP/CO:	17th Floor New York, NY 10022		
NAME:	Edward Easton Matthews	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	399 Park Avenue		
CITY/ST/ZIP/CO:	17th Floor NEW YORK, NY 10022		
NAME:	Michael J. Castelli	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	Floor, 8		
CITY/ST/ZIP/CO:	399 Park Avenue New York, NY 10022		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael J. Castelli Controller&SVP Floor, 8 399 Park Avenue New York, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Leilani Brown VP-Marketing 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:	Jayson Hahn CTO 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 T. Toran VP & CIO 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:	Nehemiah Ginsburg SEC.,SVP & SC 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:	William Tucker TREASURER Floor, 8 399 Park Avenue New York, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Cunningham VP and CFSO 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:	William Flatley VP-HR 399 Park Avenue New York, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Eleanor Kitzman VICE PRESIDENT 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 Duffy ASST VP 399 Park Avenue 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: Lizelle Pell TITLE: ASST Controller ADDRESS: 399 Park Avenue CITY/ST/ZIP/CO: New York, NY 10022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Clifford Karlin TITLE: VP-Operations 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	Julie Murray, ASST SECRETARY	2/17/2014
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.		