Image# 12970110546 PAGE 1 / 5

FEC FORM 1		STATE							Office	e Use O	nly			
1. NAME OF COMMITTEE (ir	n full)	(Check if is changed		Example: over the	If typing, tilines.	type	12F	E4M5						
C.V. Starr	& Co. I	nc. Politic	cal Acti	ion C	omm	ittee								
		.399 Park Avenue										<u> </u>		
ADDRESS (number a	nd street)	17th Floor												
(Check if ac is changed)		New York					NY		10022	2				
			CIT	Υ			STATE			ZIP	COE	ÞΕ		
COMMITTEE'S E-MA (Check if is change	address	S (Please provide of mioh@skadden.c	-	ail address)									
COMMITTEE'S WEB	PAGE ADD	RESS (URL)												
(Check if is change														
2. DATE 0	M / D D D 1 12	2012												
3. FEC IDENTIFIC	CATION NUM	//BER	C C004	62465										
4. IS THIS STATE!	MENT	NEW (N)	OR	×	AMENDE	O (A)								
I certify that I have e	examined this	Statement and to	the best of	my knowl	edge and	belief it	is true,	correct	and c	omplet	e.			
Type or Print Name	of Treasurer	Howard I. Smith												_
Signature of Treasure	Howard I	. Smith		[Elec	ctronically .	Filed]	Date	01	M /	20	′	20	12	
NOTE: Submission of		us, or incomplete in		-	-					enalties	of 2	U.S.C.	§437g	
T T														-

L	Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	raye Z
Car	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1	(Revised 02/2009)	Page 3
Write or Type Comm	ittee Name	
C.V. Starr	& Co. Inc. Political Action Committee	
6. Name of Any Co	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
C,V, Starr & Co	o. Inc.	
	200 Park August	
Mailing Address	399 Park Avenue	
	17th Floor	
	New York NY 100	22
	CITY STATE	ZIP CODE
	CITY SIAIL	ZII CODE
Relationship: X	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
	cords: Identify by name, address (phone number optional) and position of the person in	n possession of committee
books and records		
Full Name	Howard I. Smith	
	399 Park Avenue	
Mailing Address		
	New York NY 100	122
Title or Position	CITY STATE	ZIP CODE
Custodian of Rec	ords 	
8. Treasurer: List the	e name and address (phone number optional) of the treasurer of the committee; and the ent (e.g., assistant treasurer).	e name and address of
ariy designated agi	ent (e.g., assistant treasurer).	
Full Name of Treasurer	Howard I. Smith	
	j399 Park Avenue	
Mailing Address		
	17th Floor	
	New York NY 100	22
Title or Position	CITY STATE	ZIP CODE
Treasurer		

Telephone number

	n 1 (Revised 02/2009)	
Full Name of Designated Agent	Kenneth A. Gross	
Mailing Address	1440 New York Ave. NW	
		0101
	Washington DC 20005-	
-	CITY STATE	ZIP CODE
Title or Position Designated Age	rint Telephone number 202 –	371 - 7007
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds.	ds accounts, rents
Name of Bank, [
	J.P. Morgan Chase	
	J.P. Morgan Chase 3 Chase MetroTech Center, 7th Fir	
Name of Bank, [J.P. Morgan Chase	
Name of Bank, [J.P. Morgan Chase 3 Chase MetroTech Center, 7th Fir	
Name of Bank, [J.P. Morgan Chase 3 Chase MetroTech Center, 7th Flr Mail Code: NY1-H134	ZIP CODE
Name of Bank, [J.P. Morgan Chase 3 Chase MetroTech Center, 7th Flr Mail Code: NY1-H134 Brooklyn CITY STATE	ZIP CODE
Name of Bank, [J.P. Morgan Chase 3 Chase MetroTech Center, 7th Flr Mail Code: NY1-H134 Brooklyn CITY STATE	ZIP CODE
Name of Bank, [J.P. Morgan Chase 3 Chase MetroTech Center, 7th Flr Mail Code: NY1-H134 Brooklyn CITY STATE	ZIP CODE
Mailing Address Name of Bank, [J.P. Morgan Chase 3 Chase MetroTech Center, 7th Flr Mail Code: NY1-H134 Brooklyn CITY STATE	ZIP CODE
Mailing Address Name of Bank, [J.P. Morgan Chase 3 Chase MetroTech Center, 7th Flr Mail Code: NY1-H134 Brooklyn CITY STATE	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Starr Insurance Holdings, Inc. Political Action Committee 399 Park Avenue Mailing Address 17th Floor 10022 New York **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number