

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841159

Entity Name: IRONSHORE INDEMNITY INC.**Current Principal Place of Business:**28 LIBERTY STREET
5TH FL.
NEW YORK, NY 10005**Current Mailing Address:**P.O. BOX 3407
NEW YORK, NY 10008 US**FEI Number:** 41-0121640**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32304 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P, DIRECTOR
Name DOLAN, MATTHEW P
Address ONE STATE STREET PLAZA
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name CZAPLA, JAMES M
Address ONE STATE STREET PLAZA
7TH FL.
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name MORAHAN, ELIZABETH J
Address 175 BERKELEY ST
City-State-Zip: BOSTON MA 02116

Title DIRECTOR, SECRETARY
Name TOUHEY, MARK C.
Address 175 BERKELEY ST
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name ANDERSON, DOUGLAS L
Address ONE STATE STREET PLAZA
7TH FL.
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name ERBIG, ALISON B
Address 175 BERKELEY ST
City-State-Zip: BOSTON MA 02116

Title TREASURER
Name VASILAKOS, NIK
Address 28 LIBERTY STREET
5TH FL.
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR
Name SANGHERA, PAUL
Address 175 BERKELEY ST
City-State-Zip: BOSTON MA 02116

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK C TOUHEY**SECRETARY****04/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FALLON, MICHAEL J
Address 175 BERKELEY ST
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name HYLKA, STEPHEN
Address 175 BERKELEY ST
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name PENA, EDWARD J
Address 175 BERKELEY ST
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name JOHNSTON, CHRISTOPHER B
Address 175 BERKELEY ST
City-State-Zip: BOSTON MA 02116