

**2023 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:**175 BERKELEY ST  
BOSTON, MA 02116 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 HART, DAMON P  
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:** DAMON P HART**SECRETARY****04/29/2023**

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 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