

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841159

Entity Name: IRONSHORE INDEMNITY INC.

Current Principal Place of Business:

ONE STATE STREET PLAZA
7TH FL.
NEW YORK, NY 10004

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 S
Name GIORDANO, PAUL S
Address ONE STATE STREET PLAZA
City-State-Zip: NEW YORK NY 10004

Title P
Name KELLY, SHAUN E
Address ONE STATE STREET PLAZA
City-State-Zip: NEW YORK NY 10004

Title VPT
Name GLEASON, WILLIAM J
Address ONE STATE STREET PLAZA
City-State-Zip: NEW YORK NY 10004

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: PAUL S. GIORDANO

SECRETARY

01/23/2013

Electronic Signature of Signing Officer/Director Detail

Date