

**2017 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 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

Title VP  
Name MARRA, FRED  
Address ONE STATE STREET PLAZA  
7TH FL.  
City-State-Zip: NEW YORK NY 10004

Title SVP  
Name MITROVIC, MICHAEL  
Address ONE STATE STREET PLAZA  
7TH FL.  
City-State-Zip: NEW YORK NY 10004

Title SVP  
Name FLOOD, GREG  
Address ONE STATE STREET PLAZA  
7TH FL.  
City-State-Zip: NEW YORK NY 10004

Title SVP  
Name BOREN, JOSEPH  
Address ONE STATE STREET PLAZA  
7TH FL.  
City-State-Zip: NEW YORK NY 10004

Title ASST. SECRETARY  
Name SERRATORE, DOMENIC  
Address ONE STATE STREET PLAZA  
7TH FL.  
City-State-Zip: NEW YORK NY 10004

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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:** DOMENIC SERRATORE

ASST. SECRETARY

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                   VP  
Name                 SUSSMAN, DANIEL  
Address            ONE STATE STREET PLAZA  
                      7TH FL.  
City-State-Zip:   NEW YORK NY 10004