

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001054

Entity Name: SAFEHOLD SPECIAL RISK, INC.**Current Principal Place of Business:**150 N MICHIGAN AVE STE 3900
CHICAGO, IL 60601**Current Mailing Address:**150 N MICHIGAN AVE STE 3900
CHICAGO, IL 60601**FEI Number:** 20-8356926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PD
Name	BROGAN, KEVIN M
Address	150 N MICHIGAN AVE STE 3900
City-State-Zip:	CHICAGO IL 60601

Title	D
Name	HAWKINS, TINA
Address	150 N MICHIGAN AVE STE 3900
City-State-Zip:	CHICAGO IL 60601

Title	T
Name	CALLAN, TINA T
Address	150 N MICHIGAN AVE STE 3900
City-State-Zip:	CHICAGO IL 60601

Title	D
Name	ISAACSON, SCOTT R
Address	150 N MICHIGAN AVE STE 3900
City-State-Zip:	CHICAGO IL 60601

Title	AUTHORIZED PERSON
Name	MESSENGER, DEIDRE
Address	150 N MICHIGAN AVE STE 3900
City-State-Zip:	CHICAGO IL 60601

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: DEIDRE MESSENGER**AUTHORIZED PERSON****05/01/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date