2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# 841159

Entity Name: IRONSHORE INDEMNITY INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3407
NEW YORK, NY 10008 US

New Mailing Address:

FEI Number: 41-0121640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

Title: VPT
Name: GLEASON, WILLIAM J
Address: ONE STATE STREET PLAZA
City-St-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: WILLIAM J. GLEASON VPT 04/04/2011

Electronic Signature of Signing Officer or Director Date