

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004547

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** IRONSHORE SPECIALTY INSURANCE COMPANY

**Current Principal Place of Business:**

ONE STATE ST. PLAZA  
NEW YORK, NY 10004

**New Principal Place of Business:**

ONE STATE STREET PLAZA  
NEW YORK, NY 10004

**Current Mailing Address:**

ONE STATE ST. PLAZA  
NEW YORK, NY 10004

**New Mailing Address:**

ONE STATE STREET PLAZA  
NEW YORK, NY 10004

**FEI Number:** 94-1264187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32339 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KELLY, SHAUN E  
Address: 75 FEDERAL STREET, SUITE 500  
City-St-Zip: BOSTON, MA 02110

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

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

Title: CD  
Name: KELLEY, KEVIN H  
Address: 75 FEDERAL STREET, SUITE 500  
City-St-Zip: BOSTON, MA 02110

Title: SVPD  
Name: MITOVIC, MICHAEL  
Address: ONE STATE STREET PLAZA  
City-St-Zip: NEW YORK, NY 10004

Title: AS  
Name: SERRATORE, DOMENIC  
Address: 75 FEDERAL STREET, SUITE 500  
City-St-Zip: BOSTON, MA 02110

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

AS

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date