

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004547

FILED
Jan 04, 2011
Secretary of State

Entity Name: IRONSHORE SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

ONE STATE STREET PLAZA
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

ONE STATE STREET PLAZA
NEW YORK, NY 10004

New Mailing Address:

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

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: MITROVIC, 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

01/04/2011

Electronic Signature of Signing Officer or Director

Date