

1.) CORPORATION NAME:

**IRONSHORE INDEMNITY INC.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0376048**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE STATE STREET PLAZA  
7TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10004

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	SHAUN KELLY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ONE STATE STREET PLAZA		
	7TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		

NAME:	JOSEPH BOREN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE STATE STREET PLAZA		
	7TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		

NAME:	GREGORY J FLOOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE STATE STREET PLAZA		
	7TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		

NAME:	BILL GLEASON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	ONE STATE STREET PLAZA		
	7TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		

NAME:	FRED MARRA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE STATE STREET PLAZA		
	7TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		

NAME: PAUL GIORDANO TITLE: SECRETARY ADDRESS: ONE STATE STREET PLAZA 7TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10004	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN KELLEY TITLE: CHAIRMAN ADDRESS: ONE STATE STREET PLAZA 7TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10004	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL MITROVIC TITLE: DIRECTOR ADDRESS: ONE STATE STREET PLAZA 7TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ FRED MARRA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FRED MARRA, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/15/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		