

1.) CORPORATION NAME:

IRONSHORE INDEMNITY INC.

DUE DATE: **11/30/2013**

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

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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL GIORDANO SECRETARY ONE STATE STREET PLAZA 7TH FLOOR NEW YORK, NY 10004	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN KELLEY CHAIRMAN ONE STATE STREET PLAZA 7TH FLOOR NEW YORK, NY 10004	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL MITROVIC SR. VP ONE STATE STREET PLAZA 7TH FLOOR NEW YORK, NY 10004	<input checked="" 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/ PAUL GIORDANO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAUL GIORDANO, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/16/2013 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.			