

No. W 86023		Due no later than Aug 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. IRONSHORE INSURANCE SERVICES LLC CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	KEVIN KELLEY	ONE STATE ST PLAZA 7TH FLOOR	NEW YORK	NY	USA	10004	
MANAGER	GREG FLOOD	ONE STATE ST PLAZA 7TH FLOOR	NEW YORK	NY	USA	10004	
MANAGER	FRED MARRA	ONE STATE ST PLAZA 7TH PLAZA	NEW YORK	NY	USA	10004	
MANAGER	ANTHONY MAMMOLITE	ONE STATE ST PLAZA 7TH FLOOR	NEW YORK	NY	USA	10004	
MANAGER	PAUL GIORDANO	ONE STATE ST PLAZA 7TH FLOOR	NEW YORK	NY	USA	10004	
MANAGER	MIKE MITROVIC	ONE STATE ST PLAZA 7TH FLOOR	NEW YORK	NY	USA	10004	
MANAGER	SHAUN KELLY	ONE STATE ST PLAZA 7TH FLOOR	NEW YORK	NY	USA	10004	
MANAGER	JOSEPH BOREN	ONE STATE ST PLAZA 7TH FLOOR	NEW YORK	NY	USA	10004	
MANAGER	BILL GLEASON	ONE STATE ST PLAZA 7TH FLOOR	NEW YORK	NY	USA	10004	
5. Organized Under the Laws of: NY W 86023		6. Annual Report must be signed.* Signature: Fred Marra Name (type or print): Fred Marra Date: 07/25/2012 Title: Manager					
Processed 07/25/2012		* Electronically provided signatures are accepted as original signatures.					