

No. <b>W 86023</b>		Due no later than Aug 31, 2016 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> IRONSHORE INSURANCE SERVICES LLC ONE STATE ST PLAZA 7TH FLOOR NEW YORK NY 10004		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				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	NEW YORK	NY	USA	10004
MANAGER	GREG FLOOD	ONE STATE ST PLAZA	NEW YORK	NY	USA	10004
MANAGER	FRED MARRA	ONE STATE ST PLAZA	NEW YORK	NY	USA	10004
MANAGER	ANTHONY MAMMOLITE	ONE STATE ST PLAZA	NEW YORK	NY	USA	10004
MANAGER	PAUL GIORDANO	ONE STATE ST PLAZA	NEW YORK	NY	USA	10004
MANAGER	MIKE MITROVIC	ONE STATE ST PLAZA	NEW YORK	NY	USA	10004
MANAGER	SHAUN KELLY	ONE STATE ST PLAZA	NEW YORK	NY	USA	10004
MANAGER	JOSEPH BOREN	ONE STATE ST PLAZA	NEW YORK	NY	USA	10004
MANAGER	BILL GLEASON	ONE STATE ST PLAZA	NEW YORK	NY	USA	10004
MEMBER	IRONSHORE HOLDINGS (US) INC.	ONE STATE ST PLAZA	NEW YORK	NY	USA	10004
5. Organized Under the Laws of:  <b>NY W 86023</b>		6. Annual Report must be signed.* Signature: Paul Giordano Name (type or print): Paul Giordano Date: 08/08/2016 Title: SECRETARY				
Processed 08/08/2016		* Electronically provided signatures are accepted as original signatures.				