

No. W 117401		Due no later than Sep 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IRONSHORE CLAIMS LLC ONE STATE ST. PLAZA NEW YORK NY 10004		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				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	MIKE MITROVIC	ONE STATE STREET PLAZA		NEW YORK	NY	USA	10004
MANAGER	JOSEPH BOREN	ONE STATE STREET PLAZA		NEW YORK	NY	USA	10004
MANAGER	SHAUN KELLY	ONE STATE STREET PLAZA		NEW YORK	NY	USA	10004
MANAGER	GREG FLOOD	ONE STATE STREET PLAZA		NEW YORK	NY	USA	10004
MANAGER	DAWN KRIGSTIN	ONE STATE STREET PLAZA		NEW YORK	NY	USA	10004
MANAGER	PAUL GIORDANO	ONE STATE STREET PLAZA		NEW YORK	NY	USA	10004
MANAGER	KEVIN KELLEY	ONE STATE STREET PLAZA		NEW YORK	NY	USA	10004
5. Organized Under the Laws of: NY W 117401		6. Annual Report must be signed.* Signature: Paul Giordano Name (type or print): Paul Giordano					
		Date: 08/30/2016 Title: MANAGER					
Processed 08/30/2016 * Electronically provided signatures are accepted as original signatures.							