No. <b>W 86023</b>		Due no later than Aug 31, 2014		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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  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 USA  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE							
200		mes and Addresses of	at least one Member or Manager.			_	
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	KEVIN KELLY		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			ONE STATE ST PLAZA 7TH PLAZA	NEW YORK	NY	USA	10004
MANAGER			ONE STATE ST PLAZA 7TH FLOOR	NEW YORK	NY	USA	10004
MANAGER			ONE STATE ST PLAZA 7TH FLOOR	NEW YORK	NY	USA	10004
MANAGER MIKE MITROVIC		VIC	ONE STATE ST PLAZA 7TH FLOOR	NEW YORK	NY	USA	10004
MANAGER SHAUN KELLY		.Y	ONE STATE ST PLAZA 7TH FLOOR	<b>NEW YORK</b>	NY	USA	10004
MANAGER JOSEPH BOREN		REN	ONE STATE ST PLAZA 7TH FLOOR	<b>NEW YORK</b>	NY	USA	10004
MANAGER	BILL GLEASO	DN	ONE STATE ST PLAZA 7TH FLOOR	NEW YORK	NY	USA	10004
5. Organized Under the Laws of: 6. An		6. Annual Report mu	5. Annual Report must be signed.*				
NY		Signature: Paul Giordano		Date: 08/01/2014			
W 86023		Name (type or print): Paul Giordano		Title: Manager			
Processed 08/01/2014		* Electronically provide	led signatures are accepted as original sic	ınatures.			