

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004650

**Entity Name:** MS AMLIN REINSURANCE MANAGERS, INC.

**Current Principal Place of Business:**

527 MADISON AVENUE  
18TH FLOOR  
NEW YORK, NY 10022

**FILED**  
**Apr 12, 2022**  
**Secretary of State**  
**7064794126CC**

**Current Mailing Address:**

701 BRICKELL AVENUE  
MIAMI, FL 33131 US

**FEI Number: 99-0378132**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCKEE, JAMES A  
106 EAST COLLEGE AVE, SUITE 900  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	D	Title	CHIEF UNDERWRITING OFFICER
Name	GOLDIE, CHARLES	Name	DE SEGONZAC, LOUIS
Address	527 MADISON AVENUE 18TH FLOOR	Address	527 MADISON AVENUE 18TH FLOOR
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022
Title	D	Title	DIRECTOR
Name	RIZZO, FRANCESCO	Name	AMELIO, MARIA
Address	527 MADISON AVENUE 18TH FLOOR	Address	527 MADISON AVENUE 18TH FLOOR
City-State-Zip:	NEW YORK NY 10022	City-State-Zip:	NEW YORK NY 10022
Title	SECRETARY		
Name	SCHWIBS, NADIN		
Address	527 MADISON AVENUE 18TH FLOOR		
City-State-Zip:	NEW YORK NY 10022		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NADIN SCHWIBS**

**SECRETARY**

**04/12/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date