

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004650

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

**Current Principal Place of Business:**

ONE DEFOREST AVENUE  
SUMMIT, NJ 07901

**FILED**  
**Mar 15, 2016**  
**Secretary of State**  
**CC1053642314**

**Current Mailing Address:**

ONE DEFOREST AVENUE  
SUMMIT, NJ 07901

**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  
Name BRAUNER, PAUL  
Address ONE DEFOREST AVENUE  
City-State-Zip: SUMMIT NJ 07901

Title D  
Name CLEMENTI, THOMAS  
Address ONE DEFOREST AVENUE  
City-State-Zip: SUMMIT NJ 07901

Title S  
Name MEDLAND, JOAN  
Address ONE DEFOREST AVENUE  
City-State-Zip: SUMMIT NJ 07901

Title D  
Name PETERS, DOMINIC  
Address ONE DEFOREST AVENUE  
City-State-Zip: SUMMIT NJ 07901

Title D  
Name DE SEGONZAC, LOUIS  
Address ONE DEFOREST AVENUE  
City-State-Zip: SUMMIT NJ 07901

*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: JOAN MEDLAND**

**SECRETARY**

**03/15/2016**

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

\_\_\_\_\_  
Date