

2016 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F14000004650

Entity Name: MS AMLIN REINSURANCE MANAGERS, INC.**Current Principal Place of Business:**ONE DEFOREST AVENUE
SUMMIT, NJ 07901**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 07901Title S
Name HORNSEY, NICHOLAS
Address ONE DEFOREST AVENUE
City-State-Zip: SUMMIT NJ 07901Title D
Name DE SEGONZAC, LOUIS
Address ONE DEFOREST AVENUE
City-State-Zip: SUMMIT NJ 07901Title D
Name CLEMENTI, THOMAS
Address ONE DEFOREST AVENUE
City-State-Zip: SUMMIT NJ 07901Title D
Name DARKIN, JOHN
Address ONE DEFOREST AVENUE
City-State-Zip: SUMMIT NJ 07901Title D
Name RIZZO, FRANCESCO
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: NICHOLAS HORNSEY**S****09/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date