

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004650

FILED
Jan 27, 2015
Secretary of State
CC0601794148

Entity Name: 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 CP
Name SPRINGETT, ANDREW
Address ONE DEFOREST AVENUE
City-State-Zip: SUMMIT NJ 07901

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

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 MCLEOD, JULIE
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: JULIE MCLEOD

SECRETARY

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date