

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004650

Entity Name: MS AMLIN REINSURANCE MANAGERS, INC.

Current Principal Place of Business:

295 MADISON AVE
SUITE 1401
NEW YORK, NY 10017

Current Mailing Address:

701 BRICKELL AVE
SUITE 2150
MIAMI, FL 33131 US

FEI Number: 99-0378132

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: ANNE MATHAY

04/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIR
Name GOLDIE, CHARLES
Address 295 MADISON AVE
 SUITE 1401
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name DE SEGONZAC, LOUIS
Address 295 MADISON AVE
 SUITE 1401
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR, TREASURER, CFO
Name RIZZO, FRANCESCO
Address 295 MADISON AVE
 SUITE 1401
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name AMELIO, MARIA
Address 295 MADISON AVE
 SUITE 1401
City-State-Zip: NEW YORK NY 10017

Title SECRETARY
Name SCHWIBS, NADIN
Address 295 MADISON AVE
 SUITE 1401
City-State-Zip: NEW YORK NY 10017

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

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date