

2017 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 03, 2017
Secretary of State
CC7098103865

Current Mailing Address:

ONE DEFOREST AVENUE
SUMMIT, NJ 07901

FEI Number: 99-0378132

Certificate of Status Desired: Yes

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 HORNSEY, NICHOLAS
Address ONE DEFOREST AVENUE
City-State-Zip: SUMMIT NJ 07901

Title D
Name DARKIN, JOHN
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

Title 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

03/03/2017

Electronic Signature of Signing Officer/Director Detail

Date