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State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**Application for Certificate of Authority**  
**FOREIGN Business Corporation**

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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1. The name of the corporation is: <b>MS AMLIN REINSURANCE MANAGERS, INC.</b>		
2. It is incorporated under the laws of: <b>New Jersey</b>		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:  (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: <b>06/14/2012</b> And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <b>820 Bear Tavern Road, West Trenton, NJ 08628</b>		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name <b>Corporation Service Company</b> Street Address (NOT a P.O. Box) <b>222 Jefferson Boulevard, Suite 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>

MAIL TO:  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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FORM 150 - Revised 12/2017

<b>7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:</b> Treaty casualty reinsurance business in the U.S.			
<b>8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):</b>			
NAME	ADDRESS		
Paul Brauner	820 Bear Tavern Road, West Trenton, NJ 08628		
Francesco Rizzo	820 Bear Tavern Road, West Trenton, NJ 08628		
Louis Dunoyer de Seconzac	820 Bear Tavern Road, West Trenton, NJ 08628		
Check the box to indicate an attachment <input type="checkbox"/>			
<b>8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):</b>			
OFFICE	NAME	ADDRESS	
PRESIDENT			
VICE PRESIDENT			
TREASURER			
SECRETARY	Jessalyn Chang (CUO)	820 Bear Tavern Road, West Trenton, NJ 08628	
Check the box to indicate an attachment <input type="checkbox"/>			
<b>9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is.</b>			
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000	Ordinary	N/A	\$1.00
<b>10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)</b> 0 _____ %			
<b>11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)</b> 0 _____ %			

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Officer <b>Paul Brauner</b>	Date <b>2-18-2020</b>
Signature of Authorized Officer of the Corporation <i>Paul Brauner</i>	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

**MS AMLIN REINSURANCE MANAGERS, INC.**

**Officers and Directors**

<b>Name</b>	<b>Title</b>	<b>Address</b>
Jessalyn Chang	Chief Underwriting Officer	820 Bear Tavern Road, West Trenton, NJ 08628
Paul Brauner	Director	820 Bear Tavern Road, West Trenton, NJ 08628
Francesco Rizzo	Director	820 Bear Tavern Road, West Trenton, NJ 08628
Louis Dunoyer De Segonzac	Director	820 Bear Tavern Road, West Trenton, NJ 08628

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**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**MS AMLIN REINSURANCE MANAGERS, INC.  
0101022352**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on June 14, 2012.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2019*

*I further certify that the registered agent and office are:*

**THE CORPORATION TRUST COMPANY  
820 BEAR TAVERN ROAD  
WEST TRENTON, NJ 08628**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
12th day of February, 2020*

**Elizabeth Maher Muoio  
State Treasurer**

*Certificate Number 6104949728*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCerUJSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCerUJSP/Verify_Cert.jsp)*

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