FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700000052

1. Corporation Name

ODYSSEY REINSURANCE CORPORATION

Principal Place	of Business	Mailing Address						•	
1 LIBERTY PLAZ	ZA, 34TH FLOOR	1 LIBERTY PLAZA. 34TH FLO	1 LIBERTY PLAZA. 34TH FLOOR						
NEW YORK NY 10006		NEW YORK NY 10006				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	TE IN THIS	JF AUL	
						01/03/1997			
						4. FEI Number			plied For
2. Principal Pl	ace of Business	2a. Mailing Address				1 33			t Applicable
21		26				13-2781282		\$8.75	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Re	
22		27							
City & State		City & State				6. Election Campaign Financing		\$5.00 Added 9	, ,
23		Zip Country				Trust Fund Contribution			101 963
Zip	Country	Zip	¬ '	,		8. This corporation owes the curr	em year ma	angibie ∐Yes	□No
24	25	29 3	01			Personal Property Tax. 10. Name and Address of New I	Penistered A		
	9. Name and Address of Current	Registered Agent	81	Nar	me	10. Name and Address of New I	registered)	-gont	
INSURANCE COMMISSIONER				IVG	116				
	TOL BLDG.		82 Street A			ss (P.O. Box Number is Not Accept	able)		ļ
• • • •		-							
IALL	AHASSEE FL 32301		83						
			84	City	/		FL	85 Zip	Code
			45	<u>L</u>				changing its	registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered									
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re-				nt signat	ture required	when reinstating) ADDITIONS/CHANGES TO OF	DATE EICERS AN	D DIRECTO	DE IN 12
12.	OFFICERS AND DIRECTORS DC DELETE			13.		ADDITIONS/CHANGES TO OF	FICERS AN	Change	XX Addition
₹TLE	DC LAMES E	C DELETE	1.1 TITLE			nald L. Smith			
NAME	DOWD, JAMES F	_	1.2 NAME				/LL £1.		i
STREET ADDRESS 1 LIBERTY PLAZA, 34TH FLOOR						One Liberty Plaza, 34th floor			
CITY-ST-ZIP	NEW YORK NY 10006		1.4 CITY-	ST-ZIP	Ne	w York, New York	10006	☐ Change	☐ Addition
TITLE	PDCO	☐ DELETE	2.1 TITLE			•		☐ Criange	
NAME	BARNARD, ANDREW A	_	2.2 NAME		ĺ				
STREET ADORESS	1 LIBERTY PLAZA, 34TH FLOOI	₹	2.3 STREE	T ADDR	ESS				
CITY-ST-ZIP	NEW YORK NY 10006		2.4 CITY-	ST-ZIP					
TITLE	VD	☐ DELETE	3.1 TITLE					Change	Addition
NAME	MIGLIORINI, JAMES E		3.2 NAME						ļ
STREET ADDRESS	1 LIBERTY PLAZA, 34TH FLOOR			T ADDR	ESS				
CITY-ST-ZIP	NEW YORK NY 10006		3.4. CITY-	ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME	WATSA, V PREM		4, 2 NAME	į.					
STREET ADDRESS	95 WELLINGTON STREET W, #	¥800	4.3 STREI	T ADDR	ESS				
CITY-ST-ZIP	TORONTO ON M5J-2		4.4 CITY-	ST-ZIP		<u> </u>			
TITLE	D	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME	SALSBERG, ERIC P		5.2 NAME						
STREET ADDRESS	95 WELLINGTON STREET W., #	[£] 800	5.3 STREE	T ADDR	ESS				
CITY-ST-ZIP	TORONTO ONTARIO M5J -2N7		5.4 CITY-	ST-ZIP	1				
TITLE	D	☐ DELETE	6.1 TITLE					Change	Addition
NAME	VARNELL, JOHN C		6.2 NAME						
STREET ADDRESS	95 WELLINGTON STREET W., #	£800	6.3 STREE	TADOR	ESS				
DIVER I VADORESSI			-		1				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

E REDONAL REPOSMITH

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TORONTO ONTARIO M5J -2N7

4/12/99

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90136 014 ***150.00

F97000000052 401153-90136-14

13. Additions To Officers and Directors to 12.

SVP Andrew, Seymour L. One Liberty Plaza New York, NY 10006

SVP Datt, Krishan G. One Liberty Plaza New York, NY 10006

SVP Davies, Denise L. One Liberty Plaza New York, NY 10006

SVP Dugan, Gerard A. One Liberty Plaza New York, NY 10006

SVP Galiardo, Scott F. One Liberty Plaza New York, NY 10006

SVP Gentile, Patrick E. One Liberty Plaza New York, NY 10006

SVP Narciso, Jr., Anthony J. One Liberty Plaza New York, NY 10006

SVP Reid, III, Bryan S. One Liberty Plaza New York, NY 10006

SVP Young, Brian D. One Liberty Plaza New York, NY 10006