


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P14660	
1. Entity Name ODYSSEY AMERICA REINSURANCE CORPORATION	

Principal Place of Business 300 FIRST STAMFORD PLACE STAMFORD, CT 06902	Mailing Address 300 FIRST STAMFORD PLACE STAMFORD, CT 06902
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 47-0698507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000132219 04/27/04-80036-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HINKLEY, MARK W 300 FIRST STAMFORD PLACE STAMFORD, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V QUINN, BRIAN D 300 FIRST STAMFORD PLACE STAMFORD, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVCO TROIANO, CHARLES 300 FIRST STAMFORD PLACE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WACEK, MICHAEL G 300 FIRST STAMFORD PLACE STAMFORD, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO NARCISO, ANTHONY J 300 FIRST STAMFORD PL STAMFORD, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS SMITH, DONALD L 300 FIRST STAMFORD PLACE STAMFORD, CT 06902

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Donald L. Smith (203)977-8000** **4/22/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #