

FILED
Apr 20, 2006 8:00 am
Secretary of State

400000

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
47-0698507	Not Applicable

5. Certificate of Status Desired ☐ **\$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

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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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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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	D MIGLIORINI, JAMES E 17 STATE ST NEW YORK, NY 10004
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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 (203) 977-8000

ATTAC ENT.



ATTACHMENT

OdysseyRe®

40054013
#P14660

VIA FEDERAL EXPRESS

April 18, 2006

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301

RE: **Odyssey America Reinsurance Corporation**
2006 Annual Report

Dear Sir:

On behalf of Odyssey America Reinsurance Corporation, we have enclosed the 2006 Annual Report and a check in the amount of \$150 due, May 1, 2006.

If you have any questions in this regard, you may contact me directly at (203) 940-8101.

Very truly yours,

Penny Ciaston
Statutory Compliance Manager

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