

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
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**



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0698507	Applied For <input type="checkbox"/> 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80046-011 150.00

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: _____

Donald L. Smith

April 23, 2007

(203)977-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #