

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14660

FILED
Apr 10, 2012
Secretary of State

Entity Name: ODYSSEY REINSURANCE COMPANY

Current Principal Place of Business:

300 FIRST STAMFORD PLACE
STAMFORD, CT 06902

New Principal Place of Business:

Current Mailing Address:

300 FIRST STAMFORD PLACE
STAMFORD, CT 06902

New Mailing Address:

FEI Number: 47-0698507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CFO
Name: SALVESEN, JAMES B
Address: 300 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: EVP
Name: QUINN, BRIAN D
Address: 300 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT

Title: SVPC
Name: COERVER, RICHARD F
Address: 300 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: PD
Name: YOUNG, BRIAN D
Address: 300 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: SVP
Name: LOVELL, PETER H
Address: 300 FIRST STAMFORD PL
City-St-Zip: STAMFORD, CT 06902

Title: EVP
Name: BENNETT, ROBERT S
Address: 300 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER H. LOVELL

SVP

04/10/2012

Electronic Signature of Signing Officer or Director

Date