

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90336 001 ***150.00

DOCUMENT # P14660

1. Entity Name
ODYSSEY AMERICA REINSURANCE CORPORATION



Principal Place of Business
300 FIRST STANFORD PLACE
STAMFORD CT 06902

Mailing Address
300 FIRST STANFORD PLACE
STAMFORD CT 06902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
47-0698507

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **HINKLEY, MARK W**
STREET ADDRESS **300 FIRST STAMFORD PLACE**
CITY-ST-ZIP **STAMFORD CT**

TITLE **V** ☐ Delete
NAME **QUINN, BRIAN D**
STREET ADDRESS **300 FIRST STAMFORD PLACE**
CITY-ST-ZIP **STAMFORD CT**

TITLE **DVCO** ☐ Delete
NAME **TROIANO, CHARLES**
STREET ADDRESS **300 FIRST STAMFORD PLACE**
CITY-ST-ZIP **STAMFORD CT 06902**

TITLE **PD** ☐ Delete
NAME **WACEK, MICHAEL G**
STREET ADDRESS **300 FIRST STAMFORD PLACE**
CITY-ST-ZIP **STAMFORD CT**

TITLE **VCFO** ☐ Delete
NAME **NARCISO, ANTHONY J**
STREET ADDRESS **300 FIRST STAMFORD PL**
CITY-ST-ZIP **STAMFORD CT**

TITLE **VDS** ☐ Delete
NAME **SMITH, DONALD L**
STREET ADDRESS **300 FIRST STAMFORD PLACE**
CITY-ST-ZIP **STAMFORD CT 06902**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2003 (203)977-8000

Date

Daytime Phone #

CR2E034 (10/02)



800 789 000
P1466C

VIA FEDERAL EXPRESS

April 10, 2003

Division of Corporations
Uniforms Business Report Filings
409 East Gaines Street
Tallahassee, Florida 32399

**RE: Odyssey America Reinsurance Corporation
Uniform Business Report**

Dear Sir or Madam:

On behalf of Odyssey America, we enclose a check in the amount of \$150 in payment for the enclosed Uniform Business Report, due May 1, 2003.

We trust that this meets with your satisfaction. If you have any questions, you may contact me directly at (203) 940-8101.

Very truly yours,



Penny Ciaston
Statutory Compliance Manager

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