

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14660

Entity Name: ODYSSEY REINSURANCE COMPANY**Current Principal Place of Business:**300 FIRST STAMFORD PLACE
STAMFORD, CT 06902**Current Mailing Address:**300 FIRST STAMFORD PLACE
STAMFORD, CT 06902**FEI Number:** 47-0698507**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GENERAL COUNSEL
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:** PETER H. LOVELL

04/17/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title EVP
Name SANDER, ELIZABETH A
Address 300 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

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

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

Title PRESIDENT, CEO
Name OVERY, CARL A.
Address 300 FIRST STAMFORD PLACE
City-State-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. LOVELLEXECUTIVE VICE
PRESIDENT

04/17/2023

Electronic Signature of Signing Officer/Director Detail

Date