

**2013 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:**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title EVP  
Name BENNETT, ROBERT S  
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. LOVELL**SENIOR VICE PRESIDENT 04/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date