

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213526764

1.) CORPORATION NAME:

Odyssey Reinsurance Company

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DOUGLAS P RUCKER JR
1111 E. MAIN ST., SUITE 2400
P.O. BOX 1998**

SCC ID NO: **F0583981**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 FIRST STAMFORD PLACE

CITY/ST/ZIP: STAMFORD, CT 06902

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BRIAN D YOUNG OFFICER DIRECTOR
TITLE: PRES/CEO
ADDRESS: 300 FIRST STAMFORD PLACE
CITY/ST/ZIP/CO: STAMFORD, CT 06902

NAME: ROBERT S BENNETT OFFICER DIRECTOR
TITLE: EX VP/CHF ACTRY
ADDRESS: 300 FIRST STAMFORD PL
CITY/ST/ZIP/CO: STAMFORD, CT 06902

NAME: PETER H LOVELL OFFICER DIRECTOR
TITLE: SVP/GC
ADDRESS: 300 FIRST STAMFORD PLACE
CITY/ST/ZIP/CO: STAMFORD, CT 06902

NAME: JAMES B SALVESEN OFFICER DIRECTOR
TITLE: SRVP/CFO
ADDRESS: 300 FIRST STAMFORD PLACE
CITY/ST/ZIP/CO: STAMFORD, CT 06902

NAME: MICHAEL GERARD WACEK OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 300 FIRST STAMFORD PL
CITY/ST/ZIP/CO: STAMFORD, CT 06902

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PETER H LOVELL

PETER H LOVELL, SVP/GC

6/7/2013

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.