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**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850501 (8)

1. Corporation Name
AMERICAN SAFETY CASUALTY INSURANCE COMPANY



Principal Place of Business 902 MARKET ST 13TH FL WILLMINGTON DE 19899 US	Mailing Address 1900 THE EXCHANGE SUITE 450 ATLANTA GA 30339-2022 US
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3. Date Incorporated or Qualified 09/28/1981	3a. Date of Last Report 01/26/1996
4. FEI Number 58-2056755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 1845 The Exchange
22. City & State	27. Suite 200
23. Zip Country	28. Atlanta, GA
24. Zip Country	29. 30339 30. US

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL FL 32301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOX, LLOYD A	
STREET ADDRESS	1900 THE EXCHANGE SUITE 450	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEACH, JAMES G	
STREET ADDRESS	1900 THE EXCHANGE SUITE 450	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TREADWAY, FREDERICK C	
STREET ADDRESS	1801 ANTIGUA CIRCLE	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUEGGEN, DAVID V	
STREET ADDRESS	1900 THE EXCHANGE SUITE 450	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUELLER, THOMAS W	
STREET ADDRESS	1900 THE EXCHANGE SUITE 450	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1845 The Exchange, Suite 200
1.4 CITY-ST-ZIP	Atlanta, GA 30339
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1845 The Exchange, Suite 200
2.4 CITY-ST-ZIP	Atlanta, GA 30339
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1845 The Exchange, Suite 200
3.4 CITY-ST-ZIP	Atlanta, GA 30339
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1845 The Exchange, Suite 200
4.4 CITY-ST-ZIP	Atlanta, GA 30339
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1845 The Exchange, Suite 200
5.4 CITY-ST-ZIP	Atlanta, GA 30339
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lloyd A. Fox President 2/20/97 770-916-1908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lloyd A. Fox

CR2E034 (9/96)