

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90219 049 ***150.00

DOCUMENT # 850501

1. Corporation Name
AMERICAN SAFETY CASUALTY INSURANCE COMPANY

Principal Place of Business
902 MARKET ST
13TH FL
WILLMINGTON DE 19899
US

Mailing Address
1845 THE EXCHANGE
SUITE 200
ATLANTA GA 30339
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1981

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

58-2056755

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL FL 32301

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 conditions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOX, LLOYD A	
STREET ADDRESS	1845 THE EXCHANGE, STE. 200	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEACH, JAMES G	
STREET ADDRESS	1845 THE EXCHANGE, STE. 200	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TREADWAY, FREDERICK C	
STREET ADDRESS	1845 THE EXCHANGE, STE. 200	
CITY-ST-ZIP	NEWPROT BEACH CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUEGGEN, DAVID V	
STREET ADDRESS	1845 THE EXCHANGE, STE. 200	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUELLER, THOMAS W	
STREET ADDRESS	1845 THE EXCHANGE, STE. 200	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fred J. Pinckney
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Fred J. Pinckney* Fred J. Pinckney

4-26-99

770-916-1908

CR2E034 (1/199)