

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90716 001 ***150.00

DOCUMENT # 850501

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3 South American Avenue	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Dover DE	City & State
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4. FEI Number 58-2056755	Applied For <input type="checkbox"/> Not Applicable
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Zip 19901	Country US	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	FOX, LLOYD A		
1845 THE EXCHANGE, STE. 200	ATLANTA GA		
VP	PINCKNEY, FRED J		
1845 THE EXCHANGE, STE. 200	ATLANTA GA		
D	TREADWAY, FREDERICK C		
1845 THE EXCHANGE, STE. 200	NEWPROT BEACH CA		
D	BRUEGGEN, DAVID V		
1845 THE EXCHANGE, STE. 200	ATLANTA GA		
D	MUELLER, THOMAS W		
1845 THE EXCHANGE, STE. 200	ATLANTA GA		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fred J Pinckney Fred J Pinckney 4/25/2001 770-9161908
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)