


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90016 006 ***150.00

DOCUMENT # 850501
 1. Entity Name
AMERICAN SAFETY CASUALTY INSURANCE COMPANY



Principal Place of Business
 2333 WESTVILLE RD.
 MARYDEL, DE 19964 US

Mailing Address
 1845 THE EXCHANGE
 SUITE 200
 ATLANTA, GA 30339 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
100 Galleria Parkway
 Suite, Apt. #, etc.
Suite 700

City & State
Atlanta GA

Zip
 Country

30339 *US*

6. Name and Address of Current Registered Agent

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

4262007 Chg-P CR2E034 (12/06)

4. FEI Number
58-2056755

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRIM, STEPHEN R 1845 THE EXCHANGE, STE. 200 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>100 Galleria Pkwy Ste 700</i> <i>Atlanta GA 30339</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIGLIO, DOROTHY J 1845 THE EXCHANGE, STE. 200 ATLANTA, GA 30339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>S Randolph Hutto</i> <i>100 Galleria Parkway Ste 700</i> <i>Atlanta GA 30339</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUEGGEN, DAVID V 1845 THE EXCHANGE, STE. 200 ATLANTA, GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>100 Galleria Pkwy Ste 700</i> <i>Atlanta GA 30339</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, THOMAS W 1845 THE EXCHANGE, STE. 200 ATLANTA, GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>100 Galleria Pkwy Ste 700</i> <i>Atlanta GA 30339</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCALLO, JOSEPH D JR 1845 THE EXCHANGE STE 200 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>100 Galleria Pkwy Ste 700</i> <i>Atlanta GA 30339</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, when all other like empowered.

SIGNATURE: *Randolph Hutto* *Randolph Hutto* *4/26/07* *770-916-1908*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #