

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90120 049 ***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
100 GALLERIA PKWY
SUITE 200
ATLANTA, GA 30339 US

40113052



2. Principal Place of Business - No P.O. Box #

201 Robert S. Kerr Avenue
 Suite, Apt. #, etc.

3. Mailing Address

100 Galleria Parkway
 Suite, Apt. #, etc.
Suite 700

07112008 Chg-P CR2E034 (12/06)

City & State
Oklahoma City, OK

City & State
Atlanta, GA

4. FEI Number

58-2056755

Applied For
 Not Applicable

Zip
73102-4267

Country
USA

Zip
30339

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CRIM, STEPHEN R	
STREET ADDRESS	9062 CASCADA WAY #101	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUTTO, RANDALPH	
STREET ADDRESS	9062 CASCADA WAY #101	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MATHIS, STEVEN B	
STREET ADDRESS	9062 CASCADA WAY #101	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUEGGEN, DAVID V	
STREET ADDRESS	9062 CASCADA WAY #101	
CITY-ST-ZIP	ATLANTA, GA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUELLER, THOMAS W	
STREET ADDRESS	9062 CASCADA WAY #101	
CITY-ST-ZIP	ATLANTA, GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCALLO, JOSEPH D JR	
STREET ADDRESS	9062 CASCADA WAY #101	
CITY-ST-ZIP	ATLANTA, GA 30339	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph D. Scollo, Jr.	
STREET ADDRESS	100 Galleria Parkway Suite 700	
CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	Treasurer & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William C. Tepe	
STREET ADDRESS	100 Galleria Parkway Suite 700	
CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	Secretary & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ambuj Jain	
STREET ADDRESS	100 Galleria Parkway Suite 700	
CITY-ST-ZIP	Atlanta, GA 30339	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Randolph L. Hutto* **RANDOLPH L. HUTTO** 7/29/08 678-5044537
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #