


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90121 028 ***150.00

DOCUMENT # 850501

1. Entity Name
AMERICAN SAFETY CASUALTY INSURANCE COMPANY



Principal Place of Business
**3 SOUTH AMERICAN AVE
DOVER DE 19901
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **58-2056755** Applied For
Not Applicable

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

11029022



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL FL 32301**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRIM, STEPHEN R 1845 THE EXCHANGE, STE. 200 ATLANTA GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINCKNEY, FRED J 1845 THE EXCHANGE, STE. 200 ATLANTA GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREADWAY, FREDERICK C 1845 THE EXCHANGE, STE. 200 NEWPROT BEACH CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUEGGEN, DAVID V 1845 THE EXCHANGE, STE. 200 ATLANTA GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, THOMAS W 1845 THE EXCHANGE, STE. 200 ATLANTA GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, LLOYD A 1845 THE EXCHANGE STE 200 ATLANTA GA 30339

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIG Fred J Pinckney **FRED J PINCKNEY** 4/28/03 770-916-1908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)