

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

SECRET FILED
DIVISION OF STATE
25 JUN -1 AM 9:15

DOCUMENT # P35761 (6)

1. Corporation Name
AMERICAN SAFETY INSURANCE COMPANY

Principal Place of Business Mailing Address
3715 NORTHSIDE PKWY. NW BLDG. 400. STE. 800 ATLANTA GA 30327
P.O. BOX 723000 ATLANTA GA 31139-0000 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/03/1991** 3a. Date of Last Report **03/17/1994**
4. FEI Number **58-1760581** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature) _____ (Name) _____ (Title)

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	THOMPSON, ROY S., JR.
STREET ADDRESS	3715 NORTHSIDE PKWY., NW
CITY ST ZIP	ATLANTA GA
TITLE	DVC
NAME	WALL, CALVIN L.
STREET ADDRESS	3715 NORTHSIDE PKWY., NW
CITY ST ZIP	ATLANTA GA 30327
TITLE	D
NAME	FUQUA, JOHN B
STREET ADDRESS	1201 W PEACHTREE ST NW
CITY ST ZIP	ATLANTA GA 30309
TITLE	D
NAME	FUQUA, J REX
STREET ADDRESS	1201 W PEACHTREE ST NW
CITY ST ZIP	ATLANTA GA 30309
TITLE	PO
NAME	THOMPSON, SCOTT G.
STREET ADDRESS	3715 NORTHSIDE PKWY., NW
CITY ST ZIP	ATLANTA GA 30327
TITLE	S
NAME	PARSONS, GAIL A.
STREET ADDRESS	3715 NORTHSIDE PKWY., NW
CITY ST ZIP	ATLANTA GA 30327

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Norwood, Samuel W III	
1.3 STREET ADDRESS	1201 W. Peachtree St NW	
1.4 CITY ST ZIP	Atlanta, GA 30309	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Reed, Clark L., Jr	
2.3 STREET ADDRESS	11777 Macan Rd	
2.4 CITY ST ZIP	Fishersville, TN 38028	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 manager 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.

SIGNATURE: *Gail A. Parsons* Gail A. Parsons, Secty 5/8/95 800-241-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR