

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P35761 (6)**
1. Corporation Name
AMERICAN SAFETY INSURANCE COMPANY



Principal Place of Business: **3715 NORTHSIDE PKWY. NW BLDG. 400. STE. 800 ATLANTA GA 30327**
Mailing Address: **P.O. BOX 723030 ATLANTA GA 31139-0030 US**

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

3. Date Incorporated or Qualified 10/03/1991	3a. Date of Last Report 06/06/1995
4. FEI Number 58-1760581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	85	Zip Code
				FL			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, ROY S., JR.	1.2 NAME	D. J. MACK ROBINSON
STREET ADDRESS	3715 NORTHSIDE PKWY., NW	1.3 STREET ADDRESS	4370 PEACHTREE ROAD, NE
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	ATLANTA, GA 30319-3000
TITLE	DVC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALL, CALVIN L.	2.2 NAME	D. HILTON H. HOWELL, JR.
STREET ADDRESS	3715 NORTHSIDE PKWY., NW	2.3 STREET ADDRESS	4370 PEACHTREE ROAD, NE
CITY-ST-ZIP	ATLANTA GA 30327	2.4 CITY-ST-ZIP	ATLANTA, GA 30319-3000
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUQUA, JOHN B	3.2 NAME	
STREET ADDRESS	1201 W PEACHTREE ST NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30309	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUQUA, J REX	4.2 NAME	
STREET ADDRESS	1201 W PEACHTREE ST NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30309	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, SCOTT G.	5.2 NAME	
STREET ADDRESS	3715 NORTHSIDE PKWY., NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30327	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, GAIL A.	6.2 NAME	
STREET ADDRESS	3715 NORTHSIDE PKWY., NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30327	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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 receiver 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, Secretary 3/18/96 404-266-9599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Office Phone # **X 13**

CR2E034 (12/95)