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FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/03/1991	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 58-1760581	
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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	THOMPSON, ROY S., JR.	
STREET ADDRESS	3715 NORTHSIDE PKWY., NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	WALL, CALVIN L.	
STREET ADDRESS	3715 NORTHSIDE PKWY., NW	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, J. MACK	
STREET ADDRESS	4370 PEACHTREE ROAD NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWELL, HILTON	
STREET ADDRESS	4370 PEACHTREE ROAD NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, SCOTT G.	
STREET ADDRESS	3715 NORTHSIDE PKWY., NW	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	S	<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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 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* 2/25/98 404-266-9599 x.12

CR2E034 (10/97)