

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90071 040 ***150.00

0029471 AB

DOCUMENT # P35761

1. Entity 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

00000411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-1760581		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301				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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, ROY S., JR.			NAME			
STREET ADDRESS	3715 NORTHSIDE PKWY., NW			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALL, CALVIN L.			NAME			
STREET ADDRESS	3715 NORTHSIDE PKWY., NW			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30327			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, J. MACK			NAME			
STREET ADDRESS	4370 PEACHTREE ROAD NE			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWELL, HILTON			NAME			
STREET ADDRESS	4370 PEACHTREE ROAD NE			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, SCOTT G.			NAME			
STREET ADDRESS	3715 NORTHSIDE PKWY., NW			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30327			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, GAIL A			NAME			
STREET ADDRESS	3715 NORTHSIDE PKWY., NW			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30327			CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL A. LEE **REQUIRED** GAIL A. LEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/20/02 Daytime Phone #: 404-266-9599X13

CR2E034 (9/01)