

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 07, 2008  
Secretary of State**

DOCUMENT# P35761

Entity Name: AMERICAN SAFETY INSURANCE COMPANY

**Current Principal Place of Business:**

3715 NORTHSIDE PKWY. NW  
BLDG. 400, STE. 800  
ATLANTA, GA 30327

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 723030  
ATLANTA, GA 311390030 US

**New Mailing Address:**

FEI Number: 58-1760581      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: WALL, CALVIN L  
Address: 3715 NORTHSIDE PKWY., NW, BLDG. 400, #800  
City-St-Zip: ATLANTA, GA 30327 US

Title: D ( ) Delete  
Name: ROBINSON, J. MACK  
Address: 4370 PEACHTREE ROAD NE  
City-St-Zip: ATLANTA, GA 30319 US

Title: D ( ) Delete  
Name: HOWELL, HILTON H JR  
Address: 4370 PEACHTREE ROAD NE  
City-St-Zip: ATLANTA, GA 30319 US

Title: PD ( ) Delete  
Name: THOMPSON, SCOTT G  
Address: 3715 NORTHSIDE PKWY., NW, BLDG 400, #800  
City-St-Zip: ATLANTA, GA 30327 US

Title: S ( ) Delete  
Name: LEE, GAIL A  
Address: 3715 NORTHSIDE PKWY., NW, BLDG 400, #800  
City-St-Zip: ATLANTA, GA 30327 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO ( ) Change (X) Addition  
Name: KNIGHT, ROBERT H  
Address: 3715 NORTHSIDE PKWY.,NW, BLDG 400, #800  
City-St-Zip: ATLANTA, GA 30327 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL A. LEE

SCTY

07/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date