2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P35761

FILED Feb 04, 2003 Secretary of State

Entity Name: AMERICAN SAFETY INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business: 3715 NORTHSIDE PKWY. NW BLDG. 400, STE. 800 ATLANTA, GA 30327 **Current Mailing Address: New Mailing Address:** P.O. BOX 723030 ATLANTA, GA 311390030 US FEI Number: 58-1760581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE, FL 32301 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition THOMPSON, ROY S., JR, THOMPSON, ROY S JR Name: Name: 3715 NORTHSIDE PKWY., NW 3715 NORTHSIDE PKWY., NW, BLDG. 400, #800 Address: Address: City-St-Zip: ATLANTA, GA City-St-Zip: ATLANTA, GA 30327 US DC Title: Title: () Delete (X) Change () Addition Name: WALL, CALVIN L., Name: WALL, CALVIN L 3715 NORTHSIDE PKWY., NW 3715 NORTHSIDE PKWY., NW, BLDG. 400, #800 Address: Address: ATLANTA, GA 30327 ATLANTA, GA 30327 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition ROBINSON, J. MACK ROBINSON, J. MACK Name: Name: 4370 PEACHTREE ROAD NE 4370 PEACHTREE ROAD NE Address: Address: City-St-Zip: ATLANTA, GA City-St-Zip: ATLANTA, GA 30319 US Title: () Delete Title: (X) Change () Addition HOWELL, HILTON HOWELL, HILTON H JR Name: Name: Address: 4370 PEACHTREE ROAD NE Address: 4370 PEACHTREE ROAD NE City-St-Zip: ATLANTA, GA City-St-Zip: ATLANTA, GA 30319 US PD Title: (X) Change () Addition Title: () Delete THOMPSON, SCOTT G. THOMPSON, SCOTT G Name: Name: 3715 NORTHSIDE PKWY., NW Address: 3715 NORTHSIDE PKWY., NW, BLDG 400, #800 Address: City-St-Zip: ATLANTA, GA 30327 City-St-Zip: ATLANTA, GA 30327 US () Delete Title: Title: (X) Change () Addition Name: LEE, GAIL A Name: LEE, GAIL A 3715 NORTHSIDE PKWY., NW 3715 NORTHSIDE PKWY., NW, BLDG 400, #800 Address: Address: City-St-Zip: ATLANTA, GA 30327 City-St-Zip: ATLANTA, GA 30327 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 S 02/04/2003