

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35761

Entity Name: AMERICAN SAFETY INSURANCE COMPANY

Current Principal Place of Business:

3715 NORTHSIDE PKWY. NW
STE 4-800
ATLANTA, GA 30327

Current Mailing Address:

P.O. BOX 723030
ATLANTA, GA 31139-0030 US

FEI Number: 58-1760581

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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

Officer/Director Detail :

Title DC
Name WALL, CALVIN L
Address 3715 NORTHSIDE PKWY., NW, SUITE
4-800
City-State-Zip: ATLANTA GA 30327

Title CEOD
Name THOMPSON, SCOTT G
Address 3715 NORTHSIDE PKWY., NW, STE 4-
800
City-State-Zip: ATLANTA GA 30327

Title CFO
Name KNIGHT, ROBERT H
Address 3715 NORTHSIDE PKWY.,NW, STE 4-
800
City-State-Zip: ATLANTA GA 30327

Title D
Name HOWELL, HILTON HJR
Address 4370 PEACHTREE ROAD NE
City-State-Zip: ATLANTA GA 30319

Title S
Name LEE, GAIL A
Address 3715 NORTHSIDE PKWY., NW, STE 4-
800
City-State-Zip: ATLANTA GA 30327

Title DIRECTOR
Name SAMPLE, JOHN G. JR.
Address 4370 PEACHTREE RD, NE
City-State-Zip: ATLANTA GA 30319-3000

I hereby 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 all other like empowered.

SIGNATURE: GAIL A. LEE

SECRETARY

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date