

**2021 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:** Yes

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

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

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

Title SECRETARY  
Name COPPOLA, MELONIE A  
Address 3715 NORTHSIDE PKWY. NW  
STE 4-800  
City-State-Zip: ATLANTA GA 30327

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

*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:** MELONIE A COPPOLA

**CORPORATE  
SECRETARY**

01/11/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date