

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P35761

**FILED**  
**Jan 16, 2023**  
**Secretary of State**  
**7703830971CC**

**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 COPPOLA

**SECRETARY**

**01/16/2023**

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

\_\_\_\_\_  
Date