

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807999

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** AMERICAN SOUTHERN INSURANCE COMPANY

**Current Principal Place of Business:**

3715 NORTHSIDE PARKWAY, NW  
BLDG. 400, SUITE 800  
ATLANTA, GA 30327 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 723030  
ATLANTA, GA 311390030 US

**New Mailing Address:**

**FEI Number:** 58-6016195

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** S  
**Name:** LEE, GAIL A  
**Address:** 3715 NORTHSIDE PKWY, BLDG 400, SUITE 800  
**City-St-Zip:** ATLANTA, GA 30327 US

**Title:** D  
**Name:** ROBINSON, J M  
**Address:** 4370 PEACHTREE ROAD NE  
**City-St-Zip:** ATLANTA, GA 30319 US

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

**Title:** CEOD  
**Name:** THOMPSON, SCOTT G  
**Address:** 3715 NORTHSIDE PKWY, BLDG 400, SUITE 800  
**City-St-Zip:** ATLANTA, GA 30327 US

**Title:** DC  
**Name:** WALL, CALVIN L  
**Address:** 3715 NORTHSIDE PKWY, BLDG 400, SUITE 800  
**City-St-Zip:** ATLANTA, GA 30327 US

**Title:** CFO  
**Name:** KNIGHT, ROBERT H  
**Address:** 3715 NORTHSIDE PKWY, BLDG 400, SUITE 800  
**City-St-Zip:** ATLANTA, GA 30327 US

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

S

01/07/2010

Electronic Signature of Signing Officer or Director

Date

807999  
1-7-10



INSURANCE COMPANIES

Post Office Box 723030 Atlanta, Georgia 31139 / Tel 404-266-9599 / Fax 404-266-8327

**FAX**

**To:** Sean Toner  
**Company:** Division of Corporations  
**Fax No.:** 850-245-6017

**From:** Gail A. Lee  
**Phone No.:** 404-324-4134  
**Fax No.:** 404-266-8327

**Date:** January 7, 2010

**Re:** Additional Name to be Added to Annual Report

No. pages  
(incl. cover): 1

We paid online via credit card.

Entity Name: American Southern Insurance Company  
Document No.: 807999  
Confirmation/Reference No.: 000165161890

And

Entity Name: American Safety Insurance Company  
Document No.: P35761  
Confirmation/Reference No.: 900165164539

Please add the following name to the reports of both companies listed above:

Director  
John G. Sample, Jr.  
4370 Peachtree Road, NE  
Atlanta, GA 30319-3000