

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90219 049 ***150.00

DOCUMENT # 850501

1. Corporation Name
AMERICAN SAFETY CASUALTY INSURANCE COMPANY

Principal Place of Business

902 MARKET ST
13TH FL
WILLIAMINGTON DE 19899
US

Mailing Address

1845 THE EXCHANGE
SUITE 200
ATLANTA GA 30339
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1981

4. FEI Number

58-2056755

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FOX, LLOYD A
STREET ADDRESS 1845 THE EXCHANGE, STE. 200
CITY-ST-ZIP ATLANTA GA

TITLE VP ☐ DELETE

NAME LEACH, JAMES G
STREET ADDRESS 1845 THE EXCHANGE, STE. 200
CITY-ST-ZIP ATLANTA GA

TITLE D ☐ DELETE

NAME TREADWAY, FREDERICK C
STREET ADDRESS 1845 THE EXCHANGE, STE. 200
CITY-ST-ZIP NEWPORT BEACH CA

TITLE D ☐ DELETE

NAME BRUEGGEN, DAVID V
STREET ADDRESS 1845 THE EXCHANGE, STE. 200
CITY-ST-ZIP ATLANTA GA

TITLE D ☐ DELETE

NAME MUELLER, THOMAS W
STREET ADDRESS 1845 THE EXCHANGE, STE. 200
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fred J. Pinckney

Fred J. Pinckney

4-26-99

770-916-1908

Date

Daytime Phone #

CR2E034 (1/198)