

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90023 043 \*\*\*150.00

**DOCUMENT # 850501**

1. Entity Name

AMERICAN SAFETY CASUALTY INSURANCE COMPANY



Principal Place of Business

3 SOUTH AMERICAN AVE  
DOVER DE 19901  
US

Mailing Address

1845 THE EXCHANGE  
SUITE 200  
ATLANTA GA 30339  
US

2. Principal Place of Business

2333 Westville Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marydel, DE

City & State

4. FEI Number

58-2056755

Applied For

Not Applicable

Zip

19964

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE FL 32399-0000

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME CRIM, STEPHEN R  
STREET ADDRESS 1845 THE EXCHANGE, STE. 200  
CITY-ST-ZIP ATLANTA GA 30339

TITLE VP ☐ Delete  
NAME PINCKNEY, FRED J  
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 NEWPROT 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 D ☒ Delete  
NAME FOX, LLOYD A  
STREET ADDRESS 1845 THE EXCHANGE STE 200  
CITY-ST-ZIP ATLANTA GA 30339

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☒ Change ☐ Addition  
NAME Crim, Stephen R  
STREET ADDRESS 1845 The Exchange  
CITY-ST-ZIP Atlanta, GA 30339

TITLE S ☒ Change ☐ Addition  
NAME Pinckney, Fred J  
STREET ADDRESS 1845 The Exchange  
CITY-ST-ZIP Atlanta, GA 30339

TITLE D ☒ Change ☐ Addition  
NAME Treadway, Frederick C  
STREET ADDRESS 1845 The Exchange  
CITY-ST-ZIP Atlanta, GA 30339

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Stephen R. Crim*

Stephen R. Crim

2/2/04

770-916-1908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #