2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 850501

1. Entity Name
AMERICAN SAFETY CASUALTY INSURANCE COMPANY

Principal Place of Business
2333 WESTVILLE RD.
MARYDEL, DE 19964 US

Mailing Address
1845 THE EXCHANGE
SUITE 200
ATLANTA, GA 30339 US

04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2056755

Applied For
Not Applicable

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

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000542804
05/10/06-80112-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRIM, STEPHEN R
STREET ADDRESS	1845 THE EXCHANGE, STE. 200
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	S
NAME	GIGLIO, DOROTHY J
STREET ADDRESS	1845 THE EXCHANGE, STE. 200
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	T
NAME	MATHIS, STEVEN B
STREET ADDRESS	1845 THE EXCHANGE, STE. 200
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	D
NAME	BRUEGGEN, DAVID V
STREET ADDRESS	1845 THE EXCHANGE, STE. 200
CITY-ST-ZIP	ATLANTA, GA
TITLE	D
NAME	MUELLER, THOMAS W
STREET ADDRESS	1845 THE EXCHANGE, STE. 200
CITY-ST-ZIP	ATLANTA, GA
TITLE	V
NAME	SCALLO, JOSEPH D JR
STREET ADDRESS	1845 THE EXCHANGE STE 200
CITY-ST-ZIP	ATLANTA, GA 30339

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dorothy J. Giglio 4/26/06 770-916-1908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #