

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90016 006 \*\*\*150.00

|  |  |
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| <b>DOCUMENT # 850501</b>                                     |  |
| 1. Entity Name<br>AMERICAN SAFETY CASUALTY INSURANCE COMPANY |  |



|   |   |
|---|---|
| Principal Place of Business<br>2333 WESTVILLE RD.<br>MARYDEL, DE 19964 US | Mailing Address<br>1845 THE EXCHANGE<br>SUITE 200<br>ATLANTA, GA 30339 US |
|---|---|

|  |              |  |  |
|--|--------------|--|--|
| 2. Principal Place of Business - No P.O. Box # |              | 3. Mailing Address<br>100 Galleria Parkway<br>Suite, Apt. #, etc.<br>Suite 700 |  |
| Suite, Apt. #, etc.                            |              | City & State<br>Atlanta Ga   |  |
| City & State                                   | Zip<br>30339 | Country<br>US  |  |



04262007 Chg-P CR2E034 (12/06)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>CHIEF FINANCIAL OFFICER<br>P O BOX 6200 (32314-6200)<br>200 E. GAINES ST<br>TALLAHASSEE, FL 32399-0000 |  |
|---|--|

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>58-2056755 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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 \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CRIM, STEPHEN R<br>1845 THE EXCHANGE, STE. 200<br>ATLANTA, GA 30339 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>100 Galleria Pkwy Ste 700<br>Atlanta GA 30339                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>GIGLIO, DOROTHY J<br>1845 THE EXCHANGE, STE. 200<br>ATLANTA, GA 30339 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>S Randolph Hutto<br>100 Galleria Parkway Ste 700<br>Atlanta GA 30339 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>MATHIS, STEVEN B<br>1845 THE EXCHANGE, STE. 200<br>ATLANTA, GA 30339 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>100 Galleria Pkwy Ste 700<br>Atlanta GA 30339                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRUEGGEN, DAVID V<br>1845 THE EXCHANGE, STE. 200<br>ATLANTA, GA <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>100 Galleria Pkwy Ste 700<br>Atlanta GA 30339                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MUELLER, THOMAS W<br>1845 THE EXCHANGE, STE. 200<br>ATLANTA, GA <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>100 Galleria Pkwy Ste 700<br>Atlanta GA 30339                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SCALLO, JOSEPH D JR<br>1845 THE EXCHANGE STE 200<br>ATLANTA, GA 30339 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>100 Galleria Pkwy Ste 700<br>Atlanta GA 30339                        |

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: Randolph Hutto Randolph Hutto 4/26/07 770-946-1908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #