

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90120 049 \*\*\*150.00

**DOCUMENT # 850501**

1. Entity Name  
**AMERICAN SAFETY CASUALTY INSURANCE COMPANY**



Principal Place of Business

**2333 WESTVILLE RD.  
MARYDEL, DE 19964 US**

Mailing Address

**100 GALLERIA PKWY  
SUITE 200  
ATLANTA, GA 30339 US**

**40113052**



2. Principal Place of Business - No P.O. Box #

**201 Robert S. Kerr Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**100 Galleria Parkway**

Suite, Apt. #, etc.

**Suite 700**

07112008

Chg-P

CR2E034 (12/06)

City & State

**Oklahoma City, OK**

City & State

**Atlanta, GA**

4. FEI Number

**58-2056755**

Applied For

Not Applicable

Zip

**73102-4267**

Country

**USA**

Zip

**30339**

Country

**USA**

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME CRIM, STEPHEN R  
STREET ADDRESS 9062 CASCADA WAY #101  
CITY-ST-ZIP ATLANTA, GA 30339

TITLE S ☒ Delete  
NAME HUTTO, RANDALPH  
STREET ADDRESS 9062 CASCADA WAY #101  
CITY-ST-ZIP ATLANTA, GA 30339

TITLE T ☒ Delete  
NAME MATHIS, STEVEN B  
STREET ADDRESS 9062 CASCADA WAY #101  
CITY-ST-ZIP ATLANTA, GA 30339

TITLE D ☒ Delete  
NAME BRUEGGEN, DAVID V  
STREET ADDRESS 9062 CASCADA WAY #101  
CITY-ST-ZIP ATLANTA, GA

TITLE D ☒ Delete  
NAME MUELLER, THOMAS W  
STREET ADDRESS 9062 CASCADA WAY #101  
CITY-ST-ZIP ATLANTA, GA

TITLE V ☐ Delete  
NAME SCALLO, JOSEPH D JR  
STREET ADDRESS 9062 CASCADA WAY #101  
CITY-ST-ZIP ATLANTA, GA 30339

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President & Director ☒ Change ☐ Addition  
NAME Joseph D. Scallo, Jr.  
STREET ADDRESS 100 Galleria Parkway Suite 700  
CITY-ST-ZIP Atlanta, GA 30339

TITLE Treasurer & Director ☐ Change ☒ Addition  
NAME William C. Tepe  
STREET ADDRESS 100 Galleria Parkway Suite 700  
CITY-ST-ZIP Atlanta, GA 30339

TITLE Secretary & Director ☐ Change ☒ Addition  
NAME Ambuj Jain  
STREET ADDRESS 100 Galleria Parkway Suite 700  
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 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 L. HUTTO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/29/08**  
Date

**678-504-4537**  
Daytime Phone #