

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850501

FILED
Jan 07, 2009
Secretary of State

Entity Name: AMERICAN SAFETY CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

201 ROBERT S. KERR AVENUE
OKLAHOMA CITY, OK 73102 US

New Principal Place of Business:

Current Mailing Address:

100 GALLERIA PKWY
SUITE 700
ATLANTA, GA 30339 US

New Mailing Address:

FEI Number: 58-2056755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCOLLO, JOSEPH D
Address: 100 GALLERIA PARKWAY SUITE 700
City-St-Zip: ATLANTA, GA 30339

Title: T/D () Delete
Name: TEPE, WILLIAM C
Address: 100 GALLERIA PARKWAY SUITE 700
City-St-Zip: ATLANTA, GA 30339

Title: S/D () Delete
Name: JAIN, AMBUJ
Address: 100 GALLERIA PARKWAY SUITE 700
City-St-Zip: ATLANTA, GA 30339

Title: V (X) Delete
Name: SCALLO, JOSEPH D JR
Address: 9062 CASCADA WAY #101
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCOLLO, JOSEPH D JR
Address: 100 GALLERIA PARKWAY SUITE 700
City-St-Zip: ATLANTA, GA 30339

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH D SCOLLO, JR.

P

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date