

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850501

**FILED**  
**Feb 15, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

Title: T/D  
Name: HAUSHILL, MARK  
Address: 100 GALLERIA PARKWAY SUITE 700  
City-St-Zip: ATLANTA, GA 30339

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

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH D. SCOLLO, JR.

PRES

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date