

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **598861** (3)

1. Corporation Name
ATLANTIC AMERICAN HOLDINGS, INC.

Principal Place of Business Mailing Address
**5619 DTC PARKWAY
TAX DEPT.
ENGLEWOOD CO 80111
US** **P.O. BOX 5630
DENVER CO 80217**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/01/1979** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1874069** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 County 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	AVPS
NAME	BRETT, STEPHEN M
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO
TITLE	VS
NAME	DAVIS, TERREL E
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO
TITLE	VD
NAME	BRACKEN, GARY K
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO
TITLE	VT
NAME	SCHOTTERS, II B W.
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO
TITLE	AVP
NAME	HALSEY, GREG
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO
TITLE	PD
NAME	MARSHALL, BARRY P
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/ASST. SEC/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	ASST. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NOLAN GOOKIN	
2.3 STREET ADDRESS	5619 DTC PARKWAY	
2.4 CITY - ST - ZIP	ENGLEWOOD, CO 80111	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nolan Gookin NOLAN GOOKIN-ASST. VP 4/27/95 (303) 267-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)