FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 598861 (3) ATLANTIC AMERICAN HOLDINGS, INC. Principal Place of Business Mailing Address **5619 DTC PARKWAY** P.O. BOX 5830 TAX DEPT. ENGLEWOOD CO 80111 DENVER CO 80217 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/01/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1874069 Not Applicable 21 26 Suite. Apt. # etc. Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 26 Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible X Yes 24 Personal Property Tax due June 30. No. 26 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 PRENTICE-HALL CORPORATION SYSTEM, INC. Name 1201 HAYES STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 TALLAHASSEE FL 32301 83 City 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 reinstating 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Addition TITLE 1.1 TITLE Change BRETT, STEPHEN M NAME 1.2 NAME **5619 DTC PARKWAY** STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD CO** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change GOOKIN, NOLAN NAME 2.2 NAME **5619 DTC PARKWAY** STREET ADDRESS 2.3 STREET ADDRESS **ENGLEWOOD CO** CITY-ST-ZW 2. 4 CITY - ST - ZIP X DELETE 3 1 TITLE Addition TITLE CLOUSTON, BERNADAN R. HINDERY, LEO J., JR. MARK 3.2 NAME **5619 DTC PARKWAY** 5619 DTC PARKWAY 3.3 STREET ADDRESS STREET ADORESS **ENGLEWOOD CO** CITY-ST-ZIP 3.4. CITY-ST-ZIP ENGLEWOOD, CO 80111 DELETE 4.1 TITLE Change Addition SCHOTTERS, II B W. NAME 4. 2 NAME **5619 DTC PARKWAY** STREET ANDRESS 4.3 STREET ADDRESS **ENGLEWOOD CO** CITY - ST - ZWP 4.4 CITY-ST-ZIP DELETE X Change Addition TITLE 51 TITLE A۷ BLAYLOCK, GARY NAME 5.2 NAME **5619 DTC PARKWAY** STREET ADDRESS **5.3 STREET ADDRESS ENGLEWOOD CO** CITY-ST-ZW 5.4 CITY-ST-ZIP DELETE 61 T(T) F ☐ Addition TITL F

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14. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual (eport 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 dyndration or the receiver or furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:

6.4 CITY-ST-ZIP

6 2 NAME 6.3 STREET ADDRESS