2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **598861** ATLANTIC AMERICAN HOLDINGS, INC. 04-26-2001 90087 019 ***150.00 Principal Place of Business Mailing Address 9197 SOUTH PEORIA STREET ENGLEWOOD CO 80112-5833 P.O. BOX 5630 DENVER CO 80217 2. Principal Place of Business 3. Mailing Address 188 INVERNESS DR. W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1874069 **ENGLEWOOD** Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 80112 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. VSTD DIRECTOR TITLE **X** Change Delete TITLE Addition HUSEBY, MICHAEL P NAME NAME 9197 SOUTH PEOPIA STREET STREET ADDRESS STREET ADDRESS 188 INVERNESS DR. W. CITY-ST-ZIP ENGLEWOOD CO 80112-5833 CITY-ST-71P ENGLEWOOD CO 80112 TITLE Delete TITLE ASST. SECRETARY Change ★ Addition GOOKIN, NOLAN NAME NAME SHANK, JOHN L. STREET ADDRESS 9197 SOUTH PEORIA STREET STREET ADDRESS. 188 INVERNESS DR. W. CITY-ST-ZIP CITY-ST-7IP ENGLEWOOD CO 80112-5833 ENGLEWOOD CO 80112 TITLE ☐ Delete TITLE Change Addition SOMERS, DANIEL E NAME NAME STREET ADDRESS 9197 SOUTH PEORIA STREET STREET ADDRESS 188 INVERNESS DR. W. CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80112-5833 ENGLEWOOD CO 80112 X Addition TITLE ☐ Delete THILE Change TREASIRER NAME NAME DWYER, EDWARD M. STREET ADDRESS STREET ADDRESS 188 INVERNESS DR. W. CITY-ST-7IP CITY-ST-ZIP ENGLEWOOD CO 80112 x Addition TITLE ☐ Delete TIFLE Change SECRETARY NAME MAME BAILEY, RICK D. STREET ADDRESS STREET ADDRESS 188 INVERNESS DR. W. CITY-ST-7IP CITY-ST-7I2 ENGLEWOOD CO 80112 TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like ompowered.

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JOHN L. SIGNING OFFICER OR DIRECTOR

JOHN L. SHANK, ASST. SEC. 4/12/01