

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005968

FILED
Jul 09, 2007
Secretary of State

Entity Name: ASSURANCE AMERICA INSURANCE COMPANY

Current Principal Place of Business:

5500 INTERSTATE NORTH PARKWAY, SUITE 600
ATLANTA, GA 30328

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 723128
ATLANTA, GA 311390128

New Mailing Address:

FEI Number: 81-0573144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: D () Delete
Name: MILLNER, GUY W
Address: 5500 INTERSTATE NORTH PARKWAY, SUITE 600
City-St-Zip: ATLANTA, GA 30328

Title: DPRE () Delete
Name: STUMBAUGH, LAWRENCE (BUD)
Address: 5500 INTERSTATE NORTH PARKWAY, SUITE 600
City-St-Zip: ATLANTA, GA 30328

Title: SEC () Delete
Name: PINCZES, RENEE A
Address: 5500 INTERSTATE NORTH PARKWAY, SUITE 600
City-St-Zip: ATLANTA, GA 30328

Title: TR () Delete
Name: PINCZES, RENEE A
Address: 5500 INTERSTATE NORTH PARKWAY, SUITE 600
City-St-Zip: ATLANTA, GA 30328

Title: VP (X) Delete
Name: PINCZES, RENEE A
Address: 5500 INTERSTATE NORTH PARKWAY, SUITE 600
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: HAIN, MARK
Address: 5500 INTERSTATE NORTH PARKWAY, SUITE 600
City-St-Zip: ATLANTA, GA 30328

Title: A TR (X) Change () Addition
Name: WOODS, GREGORY D
Address: 5500 INTERSTATE NORTH PARKWAY, SUITE 600
City-St-Zip: ATLANTA, GA 30328

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: MARK HAIN

Electronic Signature of Signing Officer or Director

SEC

07/09/2007

_____ Date