2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000215

Entity Name: TRUSTWAY INSURANCE AGENCIES, LLC

FILED Jul 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5540 PARK BLVD. UNIT 1 A PINELLAS PARK, FL 33781

Current Mailing Address: New Mailing Address:

RIVER EDGE ONE, 550 INTERSTATE NORTH PKWY P.O. BOX 723128

SUITE 600 ATLANTA, GA 31139-128 US ATLANTA, GA 30328 US

FEI Number: 58-2368235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition
Name: ASSURANCEAMERICA COR, PORATION Name: ASSURANCEAMERICA COR, PORATION

Address: RIVER EDGE ONE, 550 INTERSTATE N. PKWY Address: 5500 INTERSTATE NORTH PKWY

City-St-Zip: ATLANTA, GA 30328 US City-St-Zip: ATLANTA, GA 30328 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES C. COOK PRES 07/07/2005