

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000215

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** TRUSTWAY INSURANCE AGENCIES, LLC

**Current Principal Place of Business:**

5500 INTERSTATE NORTH PARKWAY  
600  
ATLANTA, GA 30328

**New Principal Place of Business:**

**Current Mailing Address:**

5500 INTERSTATE NORTH PARKWAY  
600  
ATLANTA, GA 30328

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ASSURANCEAMERICA CORPORATION  
Address: 5500 INTERSTATE NORTH PKWY  
City-St-Zip: ATLANTA, GA 30328 US

Title: S  
Name: HAIN, MARK  
Address: 5500 INTERSTATE NORTH PARKWAY 600  
City-St-Zip: ATLANTA, GA 30328

Title: D  
Name: MILLNER, GUY  
Address: 5500 INTERSTATE NORTH PARKWAY 600  
City-St-Zip: ATLANTA, GA 30328

Title: PRES  
Name: SKRUCK, JOSEPH  
Address: 5500 INTERSTATE NORTH PARKWAY SUITE 600  
City-St-Zip: ATLANTA, GA 30328

Title: T  
Name: WILLIAMS, SHEREE  
Address: 5500 INTERSTATE NORTH PARKWAY 600  
City-St-Zip: ATLANTA, GA 30328

I hereby 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: MARK H HAIN

SEC

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date