

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000215

Entity Name: TRUSTWAY SERVICES, LLC**Current Principal Place of Business:**5500 INTERSTATE NORTH PARKWAY
600
ATLANTA, GA 30328**Current Mailing Address:**5500 INTERSTATE NORTH PARKWAY
600
ATLANTA, GA 30328**FEI Number:** 58-2368235**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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**Authorized Person(s) Detail :**

Title	MGRM
Name	ASSURANCEAMERICA CORPORATION
Address	5500 INTERSTATE NORTH PKWY
City-State-Zip:	ATLANTA GA 30328
Title	D
Name	MILLNER, GUY
Address	5500 INTERSTATE NORTH PARKWAY 600
City-State-Zip:	ATLANTA GA 30328
Title	T
Name	SCRUGGS, DANIEL
Address	5500 INTERSTATE NORTH PARKWAY 600
City-State-Zip:	ATLANTA GA 30328

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

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALAN PHELPSSR. COMPLIANCE
MANAGER

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date