2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000215

FILED
May 01, 2014
Secretary of State
CC0419525547

Entity Name: TRUSTWAY INSURANCE AGENCIES, 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:

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

Authorized Person(s) Detail :

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

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

Title	D
Name	MILLNER, GUY
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

Title	T
Name	SCRUGGS, DANIEL
Address	5500 INTERSTATE NORTH PARKWAY 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: MARK HAIN EVP 05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date