			APPROVAL				
	(OMB Number					
	E	Expires: Estimated aver hours per resp	rage burden oonse 0.5	i			
	RITIES AND EXCHANGE (ashington, D.C. 20549						
	FORM 4						
STATEMENT OF	CHANGES IN BENEFICIA	AL OWNERSHIP					
Filed pursuant to Section Section 17(a) of the Pub Section 30(f) of		Company Act c	of 1935 or				
[] Check this box if no longe obligations may continue.)r Form 5				
				:			
Robinson	-	Mack					
(Last)	(First)						
4370 Peachtree Road, NE							
	(Street)						
Atlanta	GA	30309-	- 3000				
(City)	(State)						
2. Issuer Name and Ticker or Tr				:			
Atlantic American Corporatio	on - AAME						
				:			
3. IRS or Social Security Numbe	i of Reporting Perso	JII (VOLUIILAIY))				
4. Statement for Month/Year	:==============================			:			
July, 2001							
5. If Amendment, Date of Origin				:			
 Relationship of Reporting Pe (Check all applicable) 							
(Check all applicable) [X] Director	[)	X] 10% Owne					
(Check all applicable) [X] Director [X] Officer (give title	below) [)		er specify below)				
(Check all applicable) [X] Director [X] Officer (give title Chairman	below) [] Other (s	specify below)				
(Check all applicable) [X] Director [X] Officer (give title Chairman	below) [] Other (s	specify below)				
<pre>(Check all applicable) [X] Director [X] Officer (give title Chairman 7. Individual or Joint/Group Fi [X] Form filed by one Repo</pre>	below) [iling (Check applicat prting Person] Other (s	specify below)				
(Check all applicable) [X] Director [X] Officer (give title Chairman 7. Individual or Joint/Group Fi	below) [iling (Check applicat prting Person] Other (s	specify below)				
<pre>(Check all applicable) [X] Director [X] Officer (give title Chairman 7. Individual or Joint/Group Fi [X] Form filed by one Repo [] Form filed by more tha Table I Non-Deriv or</pre>	below) [iling (Check applicat orting Person an one Reporting Person vative Securities Acc r Beneficially Owned] Other (s ble line) son quired, Dispos	specify below)				
<pre>(Check all applicable) [X] Director [X] Officer (give title Chairman 7. Individual or Joint/Group Fi [X] Form filed by one Repo [] Form filed by more tha Table I Non-Deriv</pre>	below) [iling (Check applicat orting Person an one Reporting Person vative Securities Acc r Beneficially Owned] Other (s ble line) son quired, Dispos	specify below)				
<pre>(Check all applicable) [X] Director [X] Officer (give title Chairman 7. Individual or Joint/Group Fi [X] Form filed by one Repo [] Form filed by more tha Table I Non-Deriv or</pre>	below) [iling (Check applicat orting Person an one Reporting Person vative Securities Acc r Beneficially Owned] Other (s ble line) son quired, Dispos	specify below)		5	6. 0uner-	
<pre>(Check all applicable) [X] Director [X] Officer (give title Chairman 7. Individual or Joint/Group Fi [X] Form filed by one Repo [] Form filed by more tha Table I Non-Deriv or</pre>	below) [iling (Check applicat orting Person an one Reporting Person vative Securities Acc r Beneficially Owned] Other (s ble line) son quired, Dispos	specify below) sed of, 4. Securities Acqu	: : : !	5. Amount of Securities	Owner- ship	7
<pre>(Check all applicable) [X] Director [X] Officer (give title Chairman 7. Individual or Joint/Group Fi [X] Form filed by one Repo [] Form filed by more tha Table I Non-Deriv or</pre>	below) [ling (Check applicat orting Person an one Reporting Pers vative Securities Acc Beneficially Owned] Other (s ble line) son quired, Dispos 	<pre>specify below) specify below) sed of, securities Acqu Disposed of (D) (Instr. 3, 4 an)</pre>	: : iired (A) or id 5)	Amount of Securities Beneficially	Owner- ship Form: Direct	
<pre>(Check all applicable) [X] Director [X] Officer (give title</pre>	2. Transaction] Other (s 	4. Securities Acqu Disposed of (D) (Instr. 3, 4 an	ired (A) or d 5)	Amount of Securities Beneficially - Owned at End of Month	Owner- ship Form: Direct (D) or Indirect	Nature of Indirect Beneficia
<pre>(Check all applicable) [X] Director [X] Officer (give title</pre>	below) [iling (Check applicat orting Person an one Reporting Person vative Securities Acc Beneficially Owned 2.] Other (s ble line) son quired, Dispos 	specify below) 	: ir nired (A) or id 5)	Amount of Securities Beneficially - Owned at End of Month	Owner- ship Form: Direct (D) or Indirect	Nature of Indirect Beneficia Ownership
<pre>[X] Director [X] Officer (give title Chairman 7. Individual or Joint/Group Fi [X] Form filed by one Repo [] Form filed by more tha Table I Non-Deriv or</pre>	below) [ling (Check applicat orting Person an one Reporting Pers vative Securities Acc Beneficially Owned 2. Transaction Date] Other (s ble line) son quired, Dispos 	specify below) 	ired (A) or d 5) (A) or Price	Amount of Securities Beneficially - Owned at End of Month (Instr. 3 and 4)	Owner- ship Form: Direct (D) or Indirect (I) (Instr.4)	Nature of Indirect Beneficia Ownership (Instr. 4
<pre>(Check all applicable) [X] Director [X] Officer (give title</pre>	below) [ling (Check applicat orting Person an one Reporting Pers vative Securities Acc Beneficially Owned 2. Transaction Date] Other (s ble line) son quired, Dispos 	specify below) 	ired (A) or d 5) (A) or Price	Amount of Securities Beneficially - Owned at End of Month (Instr. 3	Owner- ship Form: Direct (D) or Indirect (I)	Nature of Indirect Beneficia Ownership

N/A

Common Stock

By Delta Fire & 294,000 I

								Casualty
Common Stock	N/A					936,702	I	By Delta Life Ins. Co.
Common Stock	07/05/01	Р	10,000	A	\$1.70		I	By Spouse 2(***)
Common Stock	07/31/01	Р	10,000	A	\$1.60	8,220,053	I	By Spouse 2(***)
Common Stock	N/A					3,411,102	I	By Gulf Capital Services (3)

* If the Form is filed by more than one Reporting Person, see Instruction 4(b)(v).

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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FORM 4 (continued)

II -- Derivative Securities Acquired, Disposed of, or Beneficially Table Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conver- sion of Exer- cise Price of Deriv- ative	3. Trans- action Date (Month/	,	or Dis of(D) (Instr 4 and	ative ities red (A) sposed r. 3, 5)	Expirati (Month/D Date		7. Title and of Under Securiti (Instr. 3	Lying es 3 and 4) Amount or Number	8. Price of Deriv- ative Secur- ity (Trate	9. Number of Deriv- ative Secur- ities Bene- ficially Owned at End of Month	10. Owner- ship of Deriv- ative Secur- ity: Direct (D) or In- direct (I) (Theta	11. Nature of In- direct Bene- ficial Owner- ship (Instr
Security (Instr. 3)	Secur- ity	Day/ Year)	Code V	(A)	(D)	Exer- cisable	tion Date	Title	of Shares	(Instr. 5)	(Instr. 4)	(Instr. 4)	(Instr. 4)
Employee Stock Option		N/A						Cmn. Stl	<.		100,000	D	(4)
Option to Buy	\$1.90	05/15/01		Α	11	1/15/01 0)5/15/06	Cmn. Stl	< 1,000		10,000	I	By Spouse (5)
			:=======				-========			========	==========	=======	
	Explanation of Responses: *** Reporting Person expressly disclaims beneficial ownership of such												

- Reporting Person expressly disclaims beneficial ownership of such securities.

- securities.
 (1) Information herein based on plan statement as of March 31, 2001.
 (2) Includes 316,585 shares held directly by spouse; 6,720 shares held by spouse, jointly with grandson; 3,928,256 shares held directly by Trust for daughter, Robin Robinson with spouse as Trustee; and 3,968,492 shares held directly by Trust for daughter, Jill Robinson with spouse as Trustee.
 (3) Reporting person individually holds a 24% interest in partnership. The remaining partnerships are held in equal shares by Trust for benefit of the reporting person's daughters, with the reporting person's spouse as Trustee. The reporting person disclaims beneficial ownership for 76% of the securities held by Gulf Capital Services, representing the Trusts' proportionate partnership interest.
 (4) Obtions to buy Common Stock, granted at excersise price of
- Options to buy Common Stock, granted at excersise price of \$3.374 per share under the Atlantic American Corporation 1992 (4) Incentive Plan.
- (5) Granted pursuant to the Company's 1996 Director Stock Option Plan at option prices ranging from \$1.90 to \$4.4375.

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.

Alternatively, this Form is permitted to be submitted to the Commission in electronic format at the option of the reporting person pursuant to rule 101(b)(4) of Regulation S-T.

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