FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

OWNERSHIP

ANNUAL STATEMENT	OF CHANGES	IN BENEFICIAL

OMB APPROVAL									
OMB Number:	3235-0362								
Estimated average burden									
hours per response:	1.0								

Form 3 Holdings Reported.

Instruction 1(b)

Form 4 Transactions Reported. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940																	
1. Name and Address of Reporting Person* HOWELL HILTON H JR				2. Issuer Name and Ticker or Trading Symbol ATLANTIC AMERICAN CORP [AAME]						5. Relationship of Repor (Check all applicable) X Director			Ü	10%	o Owner		
(Last) 4370 PEA	(Fir	rst) (t ROAD, N.E.	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018						Year)	X	X Officer (give title below) Other (specify below) Chairman, President & CEO					
(Street) ATLANT (City)	CA GA		0319 Zip)	4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed 3. Transaction if any Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				ed	5. Amount of Securities Beneficially Owned at end of		Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership				
			(MOHUIDAY)	Year) 8)			Amou	nt	(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)	
Common Stock											465	5,274		D			
Common Stock												248	,700(1)		I	By 401(k) Plan	
Common	Stock												63,	100(2)		I	By Spouse
Common	Stock											358,556 ⁽³⁾ I F/E			Trust F/B/O Children		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	rative rities ired r osed)	Expira (Mont	ate Exercisable and ration Date hth/Day/Year) Expiration cisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		De Se (Ir	8. Price of Derivative Security (Instr. 5) Securities Beneficic Owned Followin Reporter Transact (Instr. 4)		s Illy	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership tt (Instr. 4)

Explanation of Responses:

- 1. Based on most recent plan statement.
- 2. Mr. Howell has an indirect interest in the following shares owned directly or indirectly by his spouse, Robin R. Howell: 22,925 shares owned directly; 2,175 shares owned in an IRA account and 38,000 shares held indirectly by her as custodian for their children. Mr. Howell disclaims beneficial ownership of all such shares.
- 3. Shares held in a trust for the benefit of Mr. Howell's children and over which Mr. Howell's mother-in-law serves as trustee. Mr. Howell disclaims beneficial ownership of all such shares.

Hilton H. Howell, Jr. 02/27/2019

** Signature of Reporting Person Date

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

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** 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 is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.