FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL						
OMB Number:	3235-0287						
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* ROBINSON J MACK					2. Issuer Name and Ticker or Trading Symbol ATLANTIC AMERICAN CORP [AAME]										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) 4370 PEA	(First) (Middle) PEACHTREE ROAD, N.E.					3. Date of Earliest Transaction (Month/Day/Year) 12/12/2007									X	Officer (give title Other (specify below) Chairman					
(Street) ATLANTA GA 30319-3054				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Individual or Joint/Group Filing (Check Appli ine) X Form filed by One Reporting Person Form filed by More than One Reportin					on		
(City)	(St	•	(Zip)													Pers					
Table I - Nor 1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar) i	2A. Deemed Execution Date,		3. Transaction Code (Instr.		5)			I (A) o	A) or 5. A Sec Ben Owr		5. Amount of Securities Beneficially Owned Following Reported		ership Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						4				V	Amount		(A) or (D)		e	(Instr.	action(s) 3 and 4)				
Common												\dashv					78,847 7,686		I	401(k) Plan	
Common	Stock															300,000		I		By Delta Fire & Casualty Ins. Co.	
Common	Stock															94	46,702	I Li		By Delta Life Ins. Co.	
Common Stock ⁽²⁾													3,659,316		559,316	I		By Gulf Capital Services			
Common	Stock ⁽³⁾			12/12	2/2007	,			P		782		A	\$1	1.5	8,673,388		:	I	By Spouse	
		Ta	able II - D								sed of, onvertib					vned					
L. Title of Derivative Security Instr. 3) 2. Conversion Date (Month/Day/Year) Or Exercise Price of Derivative Security Or Exercise (Month/Day/Year) Derivative Security 3. Transaction Execution Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) 3. Transaction Execution Date (Month/Day/Year) Order (Month/Day/Year)			tion of E		6. Date Exercisal Expiration Date (Month/Day/Year)		•	7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)		str. 3	Deriv Secu		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (11. Nature of Indirect Beneficial Ownership (Instr. 4)					
Evnlanation	of Respons	as:			Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or	ount mber ires							

- 1. Mr. Robinson also has an indirect ownership interest in 17686 shares held in a 401(k) Plan based on the most recent plan statement.
- 2. Mr. Robinson also has an indirect ownership interest in 3616883 shares owned by Gulf Capital Services, for which Mr. Robinson holds a 24% interest in the Partnership. The remaining partnerships are held in equal shares by Trust for benefit of Mr. Robinson's daughters, with Mr. Robinson's spouse as Trustee. Mr. Robinson disclaims beneficial ownership for 76% of the securities held by Gulf Capital Services, representing the Trusts' proportionate partnership interest.
- 3. Mr. Robinson also has an indirect ownership interest in 8673388 shares, of which 624620 are owned directly by his spouse; 6720 shares held by spouse, jointly with grandson; 3953256 shares held directly by Trust for daughter, Robin Robinson, with spouse as Trustee; and, 4088792 shares held directly by Trust for daughter, Jill Robinson, with spouse as Trustee, all of which Mr. Robinson expressly disclaims beneficial ownership of such securities

Remarks:

Janie L. Ryan, POA

12/13/2007

** 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.