Common Stock

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

832,500

Ι

Children

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

				01 0	occion so(n) or the	IIIVCStil	iciii C	ompany Act c							
	ress of Reporting Pers	son*			suer Name and Tio RAY TELEVI						. Relationship of Repo Check all applicable) X Director		to Issuer 0% Owner		
(Last) 4370 PEACHT	(Last) (First) (Middle) 4370 PEACHTREE ROAD,NE				rate of Earliest Trans	saction	(Mont	th/Day/Year)		X Officer (give title Other (s below) Chairman & CEO					
(Street) ATLANTA (City)	GA (State)	30319 (Zip)			Amendment, Date	of Origi	nal Fil	ed (Month/Da		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	7	Гаble I - N	lon-Deriva	tive	Securities Ac	quire	d, Di	isposed o	f, or B	eneficia	ally Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/	on	Execution Date,		action (Instr.	4. Securities Acquired Disposed Of (D) (Insti		d (A) or	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	٧	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	X.										676	I	By 401(k) plan		
Class A Comm	on Stock										58,575	I	Spouse		
Class A Comm	on Stock										500	I	Children		
Common Stock	ς.										35,000	I	Delta Fire & Casualty Insurance Co.		
Class A Comm	on Stock										33,750	I	Delta Fire & Casualty Insurance Co.		
Common Stock	ζ.										10,000	I	Delta Life Insurance Co.		
Class A Comm	on Stock										135,795	I	Delta Life Insurance Co.		
Class A Comm	on Stock										221,706	I	Bankers Fidelity Life Insurance Co.		
Common Stock	s.										56,000	I	Atlantic American Corporation		
Class A Comm	on Stock										658,566	I	Atlantic American Corporation		
Common Stock	· ·										50,000	I	American Southern Insurance Co.		
Class A Comm	on Stock										77,170	D			
Common Stock	<u> </u>										592,369	D			
Common Stock	ζ		01/01/20	14		F		2,799	D	\$14.88	3 24,955	I	Spouse		
													Trust F/B/O		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Da				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)			5. Amou Securitie Beneficia Owned F Reported	es ally Following	Form:	Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V					Amount	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)				(mour 4)			
Class A Common Stock														563	,900		I	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)	erivative Conversion Date Execu- ecurity or Exercise (Month/Day/Year) if any			emed 4. ion Date, Transact Code (In:					6. Date Exerc Expiration Da (Month/Day/\		ate	Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	ve Ownersi Form: Direct (I or Indirect of I) (Instruction(s)		Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

Remarks:

/s/ Dottie Boudreau by Power of Attorney

01/03/2014

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).