FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10: 19

DOCUMENT # **837449** **(8)**

1. Corporation Name

CHEROKEE NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2960 RIVERSIDE DR BOX 6097 MACON GA 31213-6399	2960 RIVERSIDE DR BOX 6097 MACON GA 31213-6399

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1976
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 58-0664873 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☐ Change ☐ Addition	
NAME	MILLER, DON K.	12 NAME		
STREET ADDRESS	RT 4, BOX 302 GRAHAM RD	13 STREET ADDRESS		
CITY ST ZIP	GRAY GA	14 CITY ST ZIP		
TITLE	D	21 TITLE	☐ Change ☐ Addition	
NAME	JONES, CHARLES, M	22 NAME		
STREET ADDRESS	1112 GLENVIEW DR	23 STREET ADDRESS		
CITY ST ZIP	ALBANY GA	24 CITY ST ZIP		
TITLE	D	31 TITLE	☐ Change ☐ Addition	
NAME	NUSSBAUM, WALTON, K, JR	32 NAME		
STREET ADDRESS	110 WASHINGTON AVE	33 STREET ADDRESS		
CITY ST ZIP	SAVANNAH GA	34 CITY ST ZIP		
TITLE	ST	41 TITLE	☐ Change ☐ Addition	
NAME	BROWN, BILLY W.	42 NAME		
STREET ADDRESS	170 WEST RIDGE CIRCLE	43 STREET ADDRESS		
CITY ST ZIP	MACON GA	44 CITY ST ZIP		
TITLE	D	51 TITLE	☐ Change ☐ Addition	
NAME	WINGATE, J, ALTON	52 NAME		
STREET ADDRESS	400 N MAIN ST	53 STREET ADDRESS		
CITY ST ZIP	CORNELIA GA	54 CITY ST ZIP		
TITLE	D	61 TITLE	☐ Change ☐ Addition	
NAME	SMITH, ALEX P. JR.	62 NAME		
STREET ADDRESS	120 WEST OAK ST.	63 STREET ADDRESS		
CITY ST ZIP	MCRAE GA	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an addition.

SIGNATURE: [signature] **STEVE J. SMITH, VP & CFO** **3/20/95** **912-477-0400**
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Title) (Telephone Number)

0400121 FP