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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 837449 (8)
1. Corporation Name
CHEROKEE NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business
2960 RIVERSIDE DR
BOX 6097
MACON GA 31213-8399

Mailing Address
2960 RIVERSIDE DR
BOX 6097
MACON GA 31213-1399

3. Date Incorporated or Qualified 11/30/1976
3a. Date of Last Report 04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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, type 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
NAME MILLER, DON K.
STREET ADDRESS 445 PIERCE AVENUE
CITY-ST-ZIP MACON GA

1.1 TITLE EVP CFO
1.2 NAME STEVE J. SMITH
1.3 STREET ADDRESS 2960 RIVERSIDE DRIVE
1.4 CITY-ST-ZIP MACON, GA 31213

TITLE D
NAME JONES, CHARLES, M
STREET ADDRESS 1112 GLENVIEW DR
CITY-ST-ZIP ALBANY GA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME NUSSBAUM, WALTON, K, JR
STREET ADDRESS 110 WASHINGTON AVE
CITY-ST-ZIP SAVANNAH GA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ST
NAME BROWN, BILLY W.
STREET ADDRESS 170 WEST RIDGE CIRCLE
CITY-ST-ZIP MACON GA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME WINGATE, J, ALTON
STREET ADDRESS 400 N MAIN ST
CITY-ST-ZIP CORNELIA GA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME SMITH, ALEX P. JR.
STREET ADDRESS 120 WEST OAK ST.
CITY-ST-ZIP MCRAE GA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 an attachment with an address.

SIGNATURE: B.W. BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97

Date

Daytime Phone #

0013548