


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 837449 (8)  
1. Corporation Name  
CHEROKEE NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2960 RIVERSIDE DR BOX 8097 MACON GA 31213-8399	2960 RIVERSIDE DR BOX 8097 MACON GA 31213-8399



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1976	
21 Suite, Apt. #, etc.	22 City & State	25 Suite, Apt. #, etc.	26 City & State	4. FEI Number 58-0664873	Applied For Not Applicable
23 Zip	24 Country	27 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Name and Address of Current Registered Agent STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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		(NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	MILLER, DON K.		1.2 NAME	FRANCES P. MILLER							
STREET ADDRESS	445 PIERCE AVENUE		1.3 STREET ADDRESS	445 PIERCE AVENUE							
CITY-ST-ZIP	MACON GA		1.4 CITY-ST-ZIP	MACON, GA 31204							
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	EXEC. VICE PRES. & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
NAME	JONES, CHARLES, M		2.2 NAME	STEVE J. SMITH							
STREET ADDRESS	1112 GLENVIEW DR		2.3 STREET ADDRESS	2960 RIVERSIDE DRIVE							
CITY-ST-ZIP	ALBANY GA		2.4 CITY-ST-ZIP	MACON, GA 31204							
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	NUSSBAUM, WALTON, K, JR		3.2 NAME								
STREET ADDRESS	110 WASHINGTON AVE		3.3 STREET ADDRESS								
CITY-ST-ZIP	SAVANNAH GA		3.4 CITY-ST-ZIP								
TITLE	ST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	BROWN, BILLY W.		4.2 NAME								
STREET ADDRESS	170 WEST RIDGE CIRCLE		4.3 STREET ADDRESS								
CITY-ST-ZIP	MACON GA		4.4 CITY-ST-ZIP								
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	WINGATE, J, ALTON		5.2 NAME								
STREET ADDRESS	400 N MAIN ST		5.3 STREET ADDRESS								
CITY-ST-ZIP	CORNELIA GA		5.4 CITY-ST-ZIP								
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	SMITH, ALEX P. JR.		6.2 NAME								
STREET ADDRESS	120 WEST OAK ST.		6.3 STREET ADDRESS								
CITY-ST-ZIP	MCRAE GA		6.4 CITY-ST-ZIP								

14. I 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:

CR2E034 (10/97)