## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 28, 2001 8:00 am Secretary of State **DOCUMENT #837449** 1. Entity Name CHEROKEE NATIONAL LIFE INSURANCE COMPANY 04-28-2001 90002 008 \*\*\*150.00 Mailing Address Principal Place of Business 2960 RIVERSIDE DR 2960 RIVERSIDE DR ROX 6097 BOX 6097 MACON GA 31213-8399 MACON GA 31213-8399 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For FEI Number City & State 58-0664873 City & State Not Applicable \$8:75 Additional Country. \_ . . \_ \_ .Country=\_\_ 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STATE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BUILDING TALLAHASSEE FL 32304 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change X Addition PD Delete TITLE TITLE BARTON, JOHN RITTER MILLER, DON K. NAME NAME STREET ADDRESS 12752 NORFOLK LANE 445 PIERCE AVENUE STREET ADDRESS CITY-ST-ZIP CARMEL, INDIANA 46032 CITY-ST-ZIP MACON GA X Addition ☐ Change Delete TITLE TITLE MILLER, FRANCES P NAME MCGOLDRICK, DONNA KAY NAME **45 PIERCE AVENUE** STREET ADDRESS 4952 WESLEYAN WOODS DRIVE STREET ADDRESS CITY-ST-ZIP-MACON, GEORGIA 31210 MACON-GA-31204-CITY-ST-ZIP-**X** Addition Change TITLE X Delete TITLE GREENE, CHRISTOPHER ROBERT 1339 ALLEN AVENUE NUSSBAUM, WALTON, K, JR NAME NAME 110 WASHINGTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALLENTOWN, GEORGIA 31003 SAVANNAH GA CITY-ST-ZIP ☐ Addition X Change TITLE **EVPC** Delete TITLE NAME KELLY, DOYLE ERNEST DOYLE, KELLY E NAME STREET ADORESS 216 CREEK CHASE 216 CREEK CHASE STREET ADDRESS 31210 CITY-ST-ZIP MACON, GEORGIA CITY-ST-ZIP MACON GA 31210 X Addition ☐ Change X Delete TITLE TITLE PETERSEN, CARSWELL HANNON NAME WINGATE, J. ALTON NAME 957 NEWPORT ROAD STREET ADDRESS 400 N MAIN ST STREET ADDRESS CITY-ST-ZIP MACON, GEORGIA 31210 CORNELIA GA CITY-ST-ZIP Change X Addition TITLE Delete TITLE WIEDRICK, JENNIFER AYLWARD SMITH, ALEX P. JR. NAME NAME STREET ADDRESS 120 WEST OAK ST. 640 ARLINGTON PLACE STREET ADDRESS

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowere

CITY-ST-ZIP

MACON, GEORGIA 31201

SIGNATURE:

MCRAE GA

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Document# 37449 540743

## Officers and Directors

CFO-

Christopher Robert Greene

1339 Allen Avenue

Allentown, Georgia 31003

Vice Presidents-

**Mariann Coley Overton** 

806 Washington Street

Perry, Georgia 31069

Directors-

Jerry Lee Plummer

2960 Riverside Drive

Macon, Georgia 31208

**Scott Martin Shover** 

2960 Riverside Drive

Macon, Georgia 31208

**Kevin Patrick Stutler** 

2960 Riverside Drive

Macon, Georgia 31208