


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90014 013 \*\*\*150.00

<b>DOCUMENT # 837449</b> 1. Entity Name <b>CHEROKEE NATIONAL LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>2960 RIVERSIDE DR BOX 6097 MACON, GA 31213-8399</b>			Mailing Address <b>2960 RIVERSIDE DR BOX 6097 MACON, GA 31213-8399</b>		
2. Principal Place of Business <b>2960 RIVERSIDE</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 6097</b> Suite, Apt. #, etc.			
City & State <b>MACON, GEORGIA</b> Zip <b>31204</b>		City & State <b>MACON, GEORGIA</b> Zip <b>31208</b>		Country <b>USA</b>	
Country <b>USA</b>		4. FEI Number <b>58-0664873</b>			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BARTON, JOHN RITTER 12752 NORFOLK LANE CARMEL, IN 46032</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD BARTON, JOHN RITTER ONE AMERICAN SQUARE INDIANAPOLIS, IN 46282-0001</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD MCGOLDRICK, DONNA K 4952 WESLEYAN WOODS DRIVE MACON, GA 31210</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVD GREENE, CHRISTOPHER ROBERT 2960 RIVERSIDE DRIVE MACON, GA 31204</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVD GREENE, CHRISTOPHER R 1339 ALLEN AVENUE ALLEN TOWN, GA 31003</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KELLY, ERNEST DOYLE 2960 RIVERSIDE DRIVE MACON, GA 31204</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DOYLE, KELLY E 216 CREEK CHASE MACON, GA 31210</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PETERSEN, CARSWELL HANNON 2960 RIVERSIDE DRIVE MACON, GA 31204</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PETERSEN, CARSWELL H 957 NEWPORT RD MACON, GA 31210</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ADDITIONAL SHEETS FOR ADDITIONS TO OFFICERS AND DIRECTORS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Chris Greene VP/CFO</u> <b>Chris Greene</b> <u>1/7/04</u> <u>478-477-0400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*Attachment*  
*Doc# 83 7449*  
*44001488*

**Cherokee National Life Insurance Company**  
**Additions to Officers and Directors**

**Addition:**

Title: V  
Name Daniels, James Keath  
Street Address 2960 Riverside Drive  
City-ST-Zip Macon, GA 31204

**Addition:**

Title: V  
Name Datillo, John August  
Street Address 2960 Riverside Drive  
City-ST-Zip Macon, GA 31204

**Addition:**

Title: V  
Name McClellan, Terry Acton  
Street Address 2960 Riverside Drive  
City-ST-Zip Macon, GA 31204

**Addition:**

Title: V  
Name Overton, Mariann Coley  
Street Address 2960 Riverside Drive  
City-ST-Zip Macon, GA 31204

**Addition:**

Title: V  
Name Stutler, Kevin Patrick  
Street Address 2960 Riverside Drive  
City-ST-Zip Macon, GA 31204

**Addition:**

Title: D  
Name Lund, Constance Ellen  
Street Address One American Square  
City-ST-Zip Indianapolis, IN 46282-0001

**Addition:**

Title: D  
Name Plummer, Jerry Lee  
Street Address One American Square  
City-ST-Zip Indianapolis, IN 46282-0001

*attached*

*Doc# 839449  
44001488*

**Addition:**

Title: D  
Name Semler, Jerry Doran  
Street Address One American Square  
City-ST-Zip Indianapolis, IN 46282-0001

**Addition:**

Title: SD  
Name Zurek, Thomas Michael  
Street Address One American Square  
City-ST-Zip Indianapolis, IN 46282-0001

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**Addition:**

Title: D  
Name Molendorp, Dayton  
Street Address One American Square  
City-ST-Zip Indianapolis, IN 46282-0001