

1.) CORPORATION NAME:

CHEROKEE NATIONAL LIFE INSURANCE COMPANY

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1734583**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000
PREFA	400,000

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2960 RIVERSIDE DR

CITY/ST/ZIP: MACON, GA 31204

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: CHRISTOPHER R GREENE TITLE: PRES/CEO/DTR ADDRESS: 2960 RIVERSIDE DR CITY/ST/ZIP/CO: MACON, GA 31204</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WARREN ZACCARO TITLE: VICE PRESIDENT ADDRESS: 400 ROBERT ST N CITY/ST/ZIP/CO: ST. PAUL, MN 55101</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CARSWELL PATTERSON TITLE: VICE PRESIDENT ADDRESS: 2960 RIVERSIDE DR CITY/ST/ZIP/CO: MACON, GA 31204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES KEATH DANIELS TITLE: DTR/TRES/CFO ADDRESS: 2960 RIVERSIDE DR CITY/ST/ZIP/CO: MACON, GA 31204</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK GELDERNICK TITLE: SECRETARY ADDRESS: 400 ROBERT ST N CITY/ST/ZIP/CO: ST. PAUL, MN 55101</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TERRY MCCLELLAN TITLE: VICE PRESIDENT ADDRESS: 2960 RIVERSIDE DR CITY/ST/ZIP/CO: MACON, GA 31204</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: ROBERT L SENKLER TITLE: DIRECTOR ADDRESS: 400 ROBERT ST N CITY/ST/ZIP/CO: ST PAUL, MN 55101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: PAUL M DWYER TITLE: ASST SECRETARY ADDRESS: 400 ROBERT ST N CITY/ST/ZIP/CO: ST PAUL, MN 55101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PAUL MDWYER	PAUL MDWYER,	1/15/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.