

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 837549 (5)

1. Corporation Name
**THE SHELBY LIFE INSURANCE COMPANY OF SHELBY, OH
0**

Principal Place of Business	Mailing Address
530 OAK COURT SUITE 200 MEMPHIS TN 38117 US	530 OAK COURT SUITE 200 MEMPHIS TN 38117 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/15/1976	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 34-0967181	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

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. City
	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, typed 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	CPD	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSAI JR., GERALD	1.2 NAME	Gerald Tsai, Jr.
STREET ADDRESS	530 OAK COURT, SUITE 200	1.3 STREET ADDRESS	530 Oak Court, Suite 200
CITY-ST-ZIP	MEMPHIS TN	1.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	VTD	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES JR., ALLEN O.	2.2 NAME	Allen O. Jones, Jr.
STREET ADDRESS	530 OAK COURT, SUITE 200	2.3 STREET ADDRESS	530 Oak Court, Suite 200
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, BETTYE S.	3.2 NAME	
STREET ADDRESS	530 OAK COURT, SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIKARD, DAVID W.	4.2 NAME	David W. Rikard
STREET ADDRESS	530 OAK COURT, SUITE 200	4.3 STREET ADDRESS	530 Oak Court, Suite 200
CITY-ST-ZIP	MEMPHIS TN	4.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	VD	5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, ERLINDA A.	5.2 NAME	Erlinda A. Cunningham
STREET ADDRESS	530 OAK COURT, SUITE 200	5.3 STREET ADDRESS	530 Oak Court, Suite 200
CITY-ST-ZIP	MEMPHIS TN	5.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGIN, JAMES L.	6.2 NAME	
STREET ADDRESS	530 OAK COURT, SUITE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, with an attachment with an address.

SIGNATURE:

David W. Rikard
David W. Rikard

Date

(901)683-1222