

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 837549 (5)

1. Corporation Name

THE SHELBY LIFE INSURANCE COMPANY OF SHELBY, OHI
O



Principal Place of Business

Mailing Address

530 OAK COURT
SUITE 200
MEMPHIS TN 38117
US

530 OAK COURT
SUITE 200
MEMPHIS TN 38117
US

3. Date Incorporated or Qualified 12/15/1976	3a. Date of Last Report 04/20/1995
4. FEI Number 34-0967181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. P.O. Box 772779
23. City & State	27. Suite, Apt. #, etc.
24. Zip	28. City & State Memphis, TN
25. Country	29. Zip 38177-2779
	30. Country US

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.	
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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSAI JR., GERALD	1.2 NAME	
STREET ADDRESS	530 OAK COURT, SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<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 <input type="checkbox"/> DELETE	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	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIKARD, DAVID W.	4.2 NAME	
STREET ADDRESS	530 OAK COURT, SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, ERLINDA A.	5.2 NAME	Lura L. Bond
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 <input type="checkbox"/> DELETE	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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lura L. Bond

4/25/96

DATE

(901)683-1222

DAYTIME PHONE #

CR2E034 (12/95)