2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# 800831

Entity Name: SHENANDOAH LIFE INSURANCE COMPANY

Current Principal Place of Business:

2301 BRAMBLETON AVE., S.W.
ROANOKE, VA 24015

New Principal Place of Business:

Current Mailing Address:

2301 BRAMBLETON AVE., S.W.
ROANOKE, VA 24015

New Mailing Address:

FEI Number: 54-0377280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VS	( ) Delete
Name:	KRONAU, KATHLEEN M	
Address:	6026 TRINITY COURT, S.W.	
City-St-Zip:	ROANOKE, VA 24018	
Title:	SVP	( ) Delete
Name:	BERRY, GENE P.	
Address:	6236 STRATFORD WAY	
City-St-Zip:	ROANOKE, VA 24018	
Title:	SVP	( ) Delete
Name:	HENSON, JIM L.	
Address:	1628 STRAWBERRY MOUNTAIN DR	
City-St-Zip:	ROANOKE, VA 24018	
Title:	PD	( ) Delete
Name:	CLARK, ROBERT W.	
Address:	5458 PEREGRINE CREST CIRCLE	
City-St-Zip:	ROANOKE, VA 24014	
Title:	SVPT	( ) Delete
Name:	MACHADO, EDWARD J.	
Address:	3631 WELLINGTON DR, SE	
City-St-Zip:	ROANOKE, VA 24014	
Title:	VP	( ) Delete
Name:	KINZER, DONALD M	
Address:	8242 LOMAN DR. NW	
City-St-Zip:	ROANOKE, VA 24019	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH M. LAFON ACS 04/28/2005

Electronic Signature of Signing Officer or Director — Date