

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 3 pgs

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 MAY 09 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 800831

1. Corporation Name

**Shenandoah Life Insurance Company**

W16-32031

2. Principal Office Address - No P.O. Box #

4415 Pheasant Ridge Road

3. Mailing Office Address

P.O. Box 12847

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Roanoke, Virginia

City & State

Roanoke, Virginia

Zip

24014

Country

USA

Zip

24029

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
March 31, 1915

5. FEI Number

54-03777280

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CAPITAL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

155 OFFICE PLAZA DRIVE

Suite, Apt. #, Etc.

SUITE A

City

TALLAHASSEE

State

FL

Zip Code

32301

800285068818

05/03/16--01044--020 \*\*\*450.00

800285068818

04/27/16--01002--007 \*\*\*600.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Michael Akker	100 W. 33rd St. Suite 1007	New York, NY 10001
SVP General Cov.	Kathleen M. Kronau	4415 Pheasant Ridge Rd. Suite 300	Roanoke, VA 24014
Treasurer	Samuel Anthony	100 W. 33rd St. Suite 1007	New York, NY 10001
VP Information Tr.	Paulus Moore	4415 Pheasant Ridge Rd. Suite 300	Roanoke, VA 24014
VP Investments	Steve Hilbish	4415 Pheasant Ridge Rd. Suite 300	Roanoke, VA 24014
VP Mortgage Loan	Dillon Key	4415 Pheasant Ridge Rd. Suite 300	Roanoke, VA 24044

10. E-mail Address: Joanna.Hunsberger@prosperitylife.com

(To be used for future annual report notification)

**REINSTATEMENT**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Kathleen M. Kronau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2016

Date

540985-4226


Daytime Phone #

MAY 8 2016

REINSTATEMENT

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<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 800831			
1. Corporation Name  <h2 style="text-align: center;">Shenandoah Life Insurance Company</h2>			
2. Principal Office Address - No P.O. Box # <b>4415 Pheasant Ridge Road</b>		3. Mailing Office Address <b>P.O. Box 12847</b>	
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc. 	
City & State <b>Roanoke, Virginia</b>		City & State <b>Roanoke, Virginia</b>	
Zip <b>24014</b>	Country <b>USA</b>	Zip <b>24029</b>	Country <b>USA</b>
4. Date Incorporated or Qualified To Do Business in Florida March 31, 1915		5. FEI Number <b>54-03777280</b>	
6. CERTIFICATE OF STATUS DESIRED		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent Name <b>CAPITAL CORPORATE SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>155 OFFICE PLAZA DRIVE</b> Suite, Apt. #, Etc. <b>SUITE A</b> City <b>TALLAHASSEE</b>		State <b>FL</b>	
Zip Code <b>32301</b>			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent _____ Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Heidi Hutter	515 Congress Ave. Suite 2220	Austin, TX 78701
Director	Zafar Rashid	477 Deerfield Road	Avon, CT 06001
Director	Jose Montemayor	515 Congress Ave. Suite 2220	Austin, TX 78701
Director	Anurag Chandra	100 W. 33rd St. Suite 1001	New York, NY 10001
Director	Evelyn Murphy	148 Fuller Street	Brookline, MA 02446
Director	Matt Popoli	767 Fifth Ave. 16th Floor	New York, NY 10153
10. E-mail Address: <u>Joanna.Hunsberger@prosperitylife.com</u> <b>REINSTATEMENT</b> <small>(To be used for future annual report notification)</small>			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. <b>SIGNATURE:</b> <u>Kathleen M. Ronan</u> <span style="float: right;">4/19/2016 540985-4226</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

MAY 9 2016

PG 3

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REGISTERED AGENT MUST SIGN

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP, Corporate De	Subodh Kesri	100 W. 33rd St. Suite 1001	New York, NY 10001
EVP & Chief Fin	Robert M. Damante	100 W. 33rd St. Suite 1001	New York, NY 10001
SVP, Chief Accu	Ralph Melo	100 W. 33rd St. Suite 1001	New York, NY 10001
VP, Internal Aud	Russell H. Johnson	100 W. 33rd St. Suite 1001	New York, NY 10001
VP, Deputy Ch	Michal Ryduchowski	100 W. 33rd St. Suite 1001	New York, NY 10001

10. E-mail Address: Joanna.Hunsberger@prosperitylife.com

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SIGNATURE:

*Kathleen M. Korman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2016

Date

540 985 4226

Daytime Phone #

MAY 9 2016