

800831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SBLI USA Life Insurance Company, Inc.
S.USA Life Insurance Company, Inc.
Shenandoah Life Insurance Company
Members of the Prosperity Life Group

April 25, 2023

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please see the enclosed CR2E045 "Statement of Change of Registered Office or Registered Agent or Both for Corporations" completed for SBLI USA Life Insurance Company, Inc., S.USA Life Insurance Company, Inc., and Shenandoah Life Insurance Company.

I am submitting these forms on behalf of our member companies pursuant to a notice from the Florida Office of Insurance Regulation stating that Section 624.422, Florida Statutes, provides that all domestic, foreign, or alien insurers transacting insurance business in Florida appoint the Florida Chief Financial Officer ("CFO") as its agent to receive service of process.

A check in the amount of \$105.00 is enclosed for all three filing fees.

Please don't hesitate to reach out if you need any additional information to update these records on the Division of Corporations website.

Sincerely,

A handwritten signature in black ink that reads "Lindsay Ryker".

Lindsay Ryker
Assistant Corporate Secretary
(540) 985-4406
Lindsay.ryker@prosperitylife.com
4415 Pheasant Ridge Road, Suite 300
Roanoke, VA 24014



prosperitylife.com

Prosperity Life Group is a marketing name for Prosperity Group Holdings, LP and its subsidiaries. Each member company is solely responsible for the financial and contractual liabilities under policies or contracts issued by it. Only SBLI USA Life Insurance Company, Inc. is an authorized New York insurer. S.USA Life Insurance, Inc. and Shenandoah Life Insurance Company are not authorized as insurers in, and do not do insurance business in, New York. SBLI USA Life Insurance Company, Inc. is not affiliated with The Savings Bank Mutual Life Insurance Company of Massachusetts.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shenandoah Life Insurance Company
Name of Corporation

DOCUMENT NUMBER: 800831

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lindsay Ryker
Name of Contact Person
Shenandoah Life Insurance Company
Firm/Company
P.O. Box 12847
Address
Roanoke, VA 24029
City/State and Zip Code

lindsay.ryker@prosperitylife.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsay Ryker at (540) 985-4406
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Virginia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Shenandoah Life Insurance Company

2. The principal office address: 4415 Pheasant Ridge Road, Suite 300
Roanoke, VA 24014

3. The mailing address (if different): P.O. Box 12847, Roanoke, VA 24029

4. Date of incorporation/qualification: December 23, 1914 Document number: 800831

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CAPITOL CORPORATE SERVICES, INC.
515 E PARK AVE., 2ND FLOOR
TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399
P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Ann-Kelley Winn, SVP, General Counsel & Secretary
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314