2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 800831

Entity Name: SHENANDOAH LIFE INSURANCE COMPANY

Current Principal Place of Business:

4415 PHEASANT RIDGE RD., STE 100
ROANOKE, VA 24014

Current Mailing Address:

P.O. BOX 12847
ROANOKE, VA 24029 US

FEI Number: 54-0377280

FILED
Apr 09, 2025
Secretary of State
4974869409CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES STREET
TALLAHASSEE, FL 32399 US

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

Officer/Director Detail :

Title	PRESIDENT & CEO, DIRECTOR
Name	VON MOLTKE, NICHOLAS
Address	1 PENNSYLVANIA PLAZA SUITE 3806
City-State-Zip:	NEW YORK NY 10119

Title	SVP, GENERAL COUNSEL & SECRETARY
Name	WINN, ANN-KELLEY
Address	P.O. BOX 12847
City-State-Zip:	ROANOKE VA 24029

Title	DIRECTOR
Name	STRUCK, JOHN
Address	P.O. BOX 12847
City-State-Zip:	ROANOKE VA 24029

Title	DIRECTOR
Name	MONTEMAYOR, JOSE
Address	P.O. BOX 12847
City-State-Zip:	ROANOKE VA 24029

Title	TREASURER
Name	WESTALL, DREW
Address	P.O. BOX 12847
City-State-Zip:	ROANOKE VA 24029

Title	DIRECTOR
Name	CICIRELLI, MARK
Address	P.O. BOX 12847
City-State-Zip:	ROANOKE VA 24029

Title	DIRECTOR
Name	BESHEARS, WILLIAM
Address	P.O. BOX 12847
City-State-Zip:	ROANOKE VA 24029

Title	DIRECTOR
Name	DOWLING, ANNE MELISSA
Address	P.O. BOX 12847
City-State-Zip:	ROANOKE VA 24029

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I hereby 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 all other like empowered.

SIGNATURE: LINDSAY RYKER ASSISTANT SECRETARY 04/09/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CFO
Name	JONES, ZACHARY
Address	1 PENNSYLVANIA PLAZA SUITE 3806
City-State-Zip:	NEW YORK NY 10119

Title	ASST. SECRETARY
Name	RYKER, LINDSAY
Address	P.O. BOX 12847
City-State-Zip:	ROANOKE VA 24029

Title	DIRECTOR
Name	SCHNITZER, BRUCE
Address	P.O. BOX 12847
City-State-Zip:	ROANOKE VA 24029