

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 800831

**Entity Name:** SHENANDOAH LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

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

**Current Mailing Address:**

P.O. BOX 12847  
ROANOKE, VA 24029

**FEI Number: 54-0377280**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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 SVP, CHIEF ACTUARY  
Name PELTER, MARY ANN  
Address 2301 BRAMBLETON AVE., S.W.  
City-State-Zip: ROANOKE VA 24015

Title SVP, CFO & TREASURER  
Name COFFMAN, MICHAEL W  
Address 2301 BRAMBLETON AVE., S.W.  
City-State-Zip: ROANOKE VA 24015

Title VP, ISS  
Name MOORE, PAULUS W  
Address 2301 BRAMBLETON AVE., S.W.  
City-State-Zip: ROANOKE VA 24015

Title SVP, GENERAL COUNSEL & SECRETARY  
Name KRONAU, KATHLEEN M.  
Address 2301 BRAMBLETON AVE., S.W.  
City-State-Zip: ROANOKE VA 24015

Title PRESIDENT, CEO  
Name CARSTENSEN, HANS L. III  
Address 2301 BRAMBLETON AVE., S.W.  
City-State-Zip: ROANOKE VA 24015

Title DIRECTOR  
Name CARSTENSEN, HANS L. III  
Address 2301 BRAMBLETON AVE., S.W.  
City-State-Zip: ROANOKE VA 24015

Title DIRECTOR  
Name NOVIK, JAY  
Address 515 CONGRESS AVE.  
SUITE 2220  
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR  
Name HUFF, CRAIG  
Address 650 MADISON AVE  
26TH FLOOR  
City-State-Zip: NEW YORK NY 10022

**Continues on page 2**

*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: KATHLEEN KRONAU**

**SECRETARY**

**03/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HEIDI, HUTTER  
Address 515 CONGRESS AVE.  
SUITE 2220  
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR  
Name POPOLI, MATTHEW  
Address 650 MADISON AVE.  
26TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name MONTEMAYOR, JOSE  
Address 515 CONGRESS AVE.  
SUITE 2220  
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR  
Name ZEITLIN, GREGG  
Address 650 MADISON AVE.  
26TH FLOOR  
City-State-Zip: NEW YORK NY 10022