

1.) CORPORATION NAME:

SHENANDOAH LIFE INSURANCE COMPANY

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAEL W. COFFMAN
2301 BRAMBLETON AVENUE, SW
ROANOKE, VA 24015**

SCC ID NO: **00125625**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2301 BRAMBLETON AVE SW

CITY/ST/ZIP: ROANOKE, VA 24015

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: KATHLEEN KRONAU TITLE: SECRETARY ADDRESS: 2301 BRAMBLETON AVE SW CITY/ST/ZIP/CO: ROANOKE, VA 24015</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: HANS L CARSTENSON, III TITLE: PRESIDENT ADDRESS: 2301 BRAMBLETON AVE SW CITY/ST/ZIP/CO: ROANOKE, VA 24015</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL W COFFMAN TITLE: SVP/CFO/T ADDRESS: 2301 BRAMBLETON AVE SW CITY/ST/ZIP/CO: ROANOKE, VA 24015</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MARY ANN H PELTIER TITLE: SVP/CHF ACTUARY ADDRESS: 2301 BRAMBLETON AVE SW CITY/ST/ZIP/CO: ROANOKE, VA 24015</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: PAULUS W MOORE TITLE: VP ISS ADDRESS: 2301 BRAMBLETON AVE SW CITY/ST/ZIP/CO: ROANOKE, VA 24015</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: JAY NOVIK TITLE: CHAIRMAN ADDRESS: 515 CONGRESS AVE SUITE 2220 CITY/ST/ZIP/CO: AUSTIN, TX 78701	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CRAIG HUFF TITLE: DIRECTOR ADDRESS: 650 MADISON AVE 26TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HEIDI HUTTER TITLE: DIRECTOR ADDRESS: 515 CONGRESS AVE SUITE 2220 CITY/ST/ZIP/CO: AUSTIN, TX 78701	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOSE MONTEMAYOR TITLE: DIRECTOR ADDRESS: 515 CONGRESS AVE SUITE 2220 CITY/ST/ZIP/CO: AUSTIN, TX 78701	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MATTHEW POPOLI TITLE: DIRECTOR ADDRESS: 650 MADISON AVE 26TH FLOOR CITY/ST/ZIP/CO: NEW YORK, VA 10022	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GREGG ZEITLIN TITLE: DIRECTOR ADDRESS: 650 MADISON AVE 26TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ KATHLEEN KRONAU SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHLEEN KRONAU, SECRETARY PRINTED NAME AND CORPORATE TITLE
11/5/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	