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OF COUNSEL

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TAX LAW SPECIALIST

† ALSO LICENSED IN TENNESSEE

May 24, 2001

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: USAbLe Life

Dear Sir or Madam:

The enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida, Certificate of Authority (Certificate of Existence), and check are submitted to register the above-referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Allan W. Horne, Esq.
HORNE, HOLLINGSWORTH & PARKER, P.A.
Post Office Box 3363
Little Rock, Arkansas 72203-3363

100004324931--6
-05/29/01--01041--008
*****78.75 *****78.75
001-13440

Should you need to call someone concerning this matter, please call Allan Horne at (501) 376-4731.

Enclosed is a check for the following amount: \$78.75 (Filing fee and Certificate of Status).

Yours very truly,

HORNE, HOLLINGSWORTH & PARKER, P.A.

Allan W. Horne

Allan W. Horne

FILED
01 OCT 19 PM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AWH:mlh
Enclosures

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10/10



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 12, 2001

HORNE HOLLINGSWORTH & PARKER
PO BOX 3363
LITTLE ROCK, AR 72201

SUBJECT: USABLE LIFE
Ref. Number: W01000013440

We have received your document for USABLE LIFE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You submitted a certified copy of a certificate we need a certificate of existence (good standing).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Michael Mays
Document Specialist

Letter Number: 201A00036076

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. USable Life Insurance Company
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Arkansas 3. 71-0505232
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 20, 1978 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 320 West Capitol, Suite 700 Little Rock, AR 72201
(Principal office address)
- b. PO Box 1650 Little Rock, AR 72203-1650
(Current mailing address)
8. To conduct the businesss of life, accident and health and related lines
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) of business
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: CT Corp System
Office Address: 1200 S. Pine Island Road
Plantation, Florida 33324
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

See Attached.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT

RE: **USABLE LIFE**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: September 26, 2001

C T CORPORATION SYSTEM

By



Jonathan L. Miles,
Assistant Secretary

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: George K. Mitchell, M.D.

Address: _____

Vice Chairman: N/A

Address: _____

Director: Michael A. Gold

Address: PO Box 860

Honolulu, HI 96808-0860

Director: W. Wayne Hartsfield

Address: 3834 Hwy 36 West Searcy, AR 72143

B. OFFICERS

President: James B. House

Address: 320 West Capitol, Suite 1100

Little Rock, AR 72201

Vice President: Julie F. Marshall

Address: 320 West Capitol, Suite 1100

Little Rock, AR 72201

Secretary: John W. Shoptaw, CPA

Address: 320 West Capitol

Little Rock, AR 72201

Treasurer: John W. Shoptaw

Address: 320 West Capitol

Little Rock, AR 72201

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. James B. House
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James B. House, President & CEO

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

USAbLe Life
#12 List of Officers, Vice Presidents and Directors continued

OFFICERS		
Name	Position	Business Address
Mark A. Langston	Asst. Secretary/Treasurer Chief Financial Officer	320 W. Capitol, Suite 700 Little Rock, AR 72201

VICE PRESIDENTS		
Name	Position	Business Address
John S. Anthony, CLU, ChFC, FLMI	Vice President Administration	320 W. Capitol, Suite 700 Little Rock, AR 72201

DIRECTORS OR TRUSTEES	
Name	Business Address
Allan W. Horne	P.O. Box 3363 Little Rock, AR 72203
James B. House	320 W. Capitol, Suite 1100, Little Rock, AR 72201
Hayes C. McClerkin	State Line Plaza, Box 8030, Texarkana AR 71854
Robert O. McLaughlin	East Town Bldg. #600, Chapel Hill, NC 27514
John W. Shoptaw	320 West Capitol, Little Rock, AR 72201
Robert L. Shoptaw	601 Gaines Little Rock, AR 72201
William W. Hartsfield	PO Box 608 Searcy, AR 72143
Paul M. White, CPA	320 W. Capitol, Suite 1100, Little Rock, AR 72201
Robert D. Malcolm Munro	PO Box 1157 Hot Springs, AR 71901
Louis Lafayette Ramsay	PO Box 8509 Pine Bluff, AR 71611

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TALLAHASSEE, FLORIDA

STATE OF ARKANSAS
State Insurance Department

CERTIFICATE

I, the undersigned Insurance Commissioner of Arkansas, do hereby certify that the foregoing Copy hereto attached contains a true and complete copy of:

CERTIFICATE OF AUTHORITY #1775

of

USABLE LIFE

of

LITTLE ROCK, ARKANSAS

and that the original is now among the files of my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of this department at the City Of Little Rock, Arkansas, this 21 day of March 2001.



Jim Dineen
INSURANCE COMMISSIONER

William J. Woodall Jr.
CHIEF FINANCIAL EXAMINER

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE