


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000005275 <small>1. Entity Name</small> USABLE LIFE INSURANCE COMPANY	
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Principal Place of Business 320 WEST CAPITOL, STE 700 LITTLE ROCK, AR 72201	Mailing Address PO BOX 1650 LITTLE ROCK, AR 72203-1650
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06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0505232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
 PO BOX 6200 32314-6200
 200 E. GAINES ST.
 TALLAHASSEE, FL 32399

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOUSE, JAMES B 320 WEST CAPITOL, STE 1100 LITTLE ROCK, AR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARSHALL, JULIE F 320 WEST CAPITOL, STE 1100 LITTLE ROCK, AR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHOPTAW, JOHN W 320 WEST CAPITOL, STE 1100 LITTLE ROCK, AR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLD, MICHAEL A PO BOX 860 HONOLULU, HI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARTSFIELD, W. WAYNE 3834 HWY 36 WEST SEARCY, AR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST LANGSTON, MARK A 320 WEST CAPITOL AVE., STE 700 LITTLE ROCK, AR 72201

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 07/14/04-80005-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **6/30/2004** **(501) 378-2910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #