


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005275 1. Entity Name 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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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 71-0505232	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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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01/20/05-80043-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Mark Langston **1/5/2005** **(501) 378-2910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #