

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000005275

1. Entity Name
USABLE LIFE INSURANCE COMPANY



Principal Place of Business
**320 WEST CAPITOL, STE 700
LITTLE ROCK, AR 72201**

Mailing Address
**PO BOX 1650
LITTLE ROCK, AR 72203-1650**



07162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0505232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**U00000770019
07/23/07-80006-017 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MANN, JASON D
STREET ADDRESS	PO BOX 1650
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	V
NAME	MARSHALL, JULIE F
STREET ADDRESS	320 WEST CAPITOL, STE 1100
CITY-ST-ZIP	LITTLE ROCK, AR
TITLE	ST
NAME	WHITE, MARK P
STREET ADDRESS	PO BOX 2181
CITY-ST-ZIP	LITTLE ROCK, AR 722032181
TITLE	D
NAME	GOLD, MICHAEL A
STREET ADDRESS	PO BOX 860
CITY-ST-ZIP	HONOLULU, HI
TITLE	D
NAME	DOERR, CHRIS R
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY
CITY-ST-ZIP	JACKSONVILLE, FL 32236
TITLE	AST
NAME	LANGSTON, MARK A
STREET ADDRESS	320 WEST CAPITOL AVE., STE 700
CITY-ST-ZIP	LITTLE ROCK, AR 72201

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/07

501-375-7200