

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005275

FILED  
Jun 13, 2011  
Secretary of State

**Entity Name:** USABLE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

400 WEST CAPITOL, 15TH FLOOR  
LITTLE ROCK, AR 72201

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1650  
LITTLE ROCK, AR 722031650

**New Mailing Address:**

**FEI Number:** 71-0505232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MANN, JASON D  
Address: PO BOX 1650  
City-St-Zip: LITTLE ROCK, AR 72201

Title: ST  
Name: TOUSE, JAMES L  
Address: PO BOX 1650  
City-St-Zip: LITTLE ROCK, AR 72201

Title: D  
Name: WHITE, MARK P  
Address: PO BOX 2181  
City-St-Zip: LITTLE ROCK, AR 722032181

Title: D  
Name: GOLD, MICHAEL A  
Address: PO BOX 860  
City-St-Zip: HONOLULU, HI

Title: D  
Name: DOERR, CHRIS R  
Address: 4800 DEERWOOD CAMPUS PKWY  
City-St-Zip: JACKSONVILLE, FL 32236

Title: CFO  
Name: LANGSTON, MARK A  
Address: PO BOX 1650  
City-St-Zip: LITTLE ROCK, AR 72201

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK LANGSTON

CFO

06/13/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date