

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000005275

**Entity Name:** USABLE LIFE INSURANCE COMPANY**Current Principal Place of Business:**320 WEST CAPITOL, 7TH FLOOR  
LITTLE ROCK, AR 72201**Current Mailing Address:**PO BOX 1650  
LITTLE ROCK, AR 72203-1650**FEI Number:** 71-0505232**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
BOX 6200 32314-6200  
TALLAHASSEE, FL 32399 US*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

**Officer/Director Detail :**

Title CEO, PRESIDENT

Name MANN, JASON D

Address PO BOX 1650

City-State-Zip: LITTLE ROCK AR 72201

Title CFO, TREASURER

Name LANGSTON, MARK

Address PO BOX 1650

City-State-Zip: LITTLE ROCK AR 72201

Title SECRETARY

Name CREASMAN, WILLIAM

Address PO BOX 1650

City-State-Zip: LITTLE ROCK AR 72203-1650

*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:** WILLIAM CREASMAN**SECRETARY****04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date