## 2013 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

FILED May 01, 2013

**Secretary of State** 

CC8760877256

Officer/Director Detail:

Title P Title TREASURER

Name MANN, JASON D Name LANGSTON, MARK

Address PO BOX 1650 Address PO BOX 1650

City-State-Zip: LITTLE ROCK AR 72201 City-State-Zip: LITTLE ROCK AR 72201

Title CFO Title SECRETARY

Name LANGSTON, MARK Name CREASMAN, WILLIAM

Address PO BOX 1650 Address PO BOX 1650

City-State-Zip: LITTLE ROCK AR 72201 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: MARK LANGSTON TREASURER

Electronic Signature of Signing Officer/Director Detail