

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000005275

**Entity Name:** USABLE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

320 WEST CAPITOL, SUITE 700  
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            PRESIDENT, DIRECTOR  
Name            CASEY, JAMES F.  
Address        PO BOX 1650  
City-State-Zip: LITTLE ROCK AR 72203

Title            TREASURER, DIRECTOR  
Name            LANGSTON, MARK  
Address        320 WEST CAPITOL, SUITE 700  
City-State-Zip: LITTLE ROCK AR 72201

Title            SECRETARY  
Name            CREASMAN, WILLIAM P.  
Address        320 WEST CAPITOL, SUITE 700  
City-State-Zip: LITTLE ROCK AR 72201

Title            DIRECTOR, CHAIRMAN  
Name            MITCHELL, M.D., GEORGE K.  
Address        320 WEST CAPITOL, SUITE 700  
City-State-Zip: LITTLE ROCK AR 72201

Title            DIRECTOR  
Name            HAIGH, C. MICHAEL  
Address        320 WEST CAPITOL, SUITE 700  
City-State-Zip: LITTLE ROCK AR 72201

Title            DIRECTOR  
Name            GRANTHAM, L. JOSEPH  
Address        PO BOX 1650  
City-State-Zip: LITTLE ROCK AR 72203-1650

Title            DIRECTOR  
Name            COCHRAN, LINDA  
Address        320 WEST CAPITOL, SUITE 700  
City-State-Zip: LITTLE ROCK AR 72201

Title            DIRECTOR, VC  
Name            MANN, JASON D.  
Address        320 WEST CAPITOL, SUITE 700  
City-State-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:** WILLIAM P. CREASMAN

**SECRETARY**

**04/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date