**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 24, 2025**
**Secretary of State**
**4149636141CC**

DOCUMENT# F09000005088

**Entity Name:** USABLE MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

601 S. GAINES STREET
LEGAL DEPT., 7 SOUTH
LITTLE ROCK, AR 72201

**Current Mailing Address:**

601 S. GAINES STREET
LEGAL DEPT., 7 SOUTH
LITTLE ROCK, AR 72201 US

**FEI Number: 71-0226428**

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 | DIRECTOR | Title | VC |
| Name | MARIS, MAHLON O | Name | BROTHERS, ROBERT VINCENT |
| Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH | Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH |
| City-State-Zip: | LITTLE ROCK AR 72201 | City-State-Zip: | LITTLE ROCK AR 72201 |
| Title | TREASURER | Title | DIRECTOR |
| Name | WINTER, SCOTT B. | Name | FARMER, ALEC |
| Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH | Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH |
| City-State-Zip: | LITTLE ROCK AR 72201 | City-State-Zip: | LITTLE ROCK AR 72201 |
| Title | DIRECTOR | Title | CHAIRMAN |
| Name | KELLEY, JAMES V. | Name | KELLEY, JAMES V. |
| Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH | Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH |
| City-State-Zip: | LITTLE ROCK AR 72201 | City-State-Zip: | LITTLE ROCK AR 72201 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | ROBINSON, LONNIE | Name | BARNETT, CURTIS |
| Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH | Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH |
| City-State-Zip: | LITTLE ROCK AR 72201 | City-State-Zip: | LITTLE ROCK AR 72201 |

**Continues on page 2**

*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: TIMOTHY GAUGER SECRETARY 03/24/2025

Electronic Signature of Signing Officer/Director Detail — Date

## Officer/Director Detail Continued :

| | |
|---|---|
| Title | DIRECTOR |
| Name | COLCLASURE, SHEILA |
| Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH |
| City-State-Zip: | LITTLE ROCK AR 72201 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BRITTAIN, SUSAN GLOVER |
| Address | 176 ARKOTA SHORES DRIVE |
| City-State-Zip: | HOT SPRINGS AR 71913 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GREENWAY, MARK V |
| Address | 1386 N. STARR DRIVE |
| City-State-Zip: | FAYETTEVILLE AR 72701 |

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|---|---|
| Title | PRESIDENT/CEO |
| Name | BARNETT, CURTIS |
| Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH |
| City-State-Zip: | LITTLE ROCK AR 72201 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | TERRY, REX |
| Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH |
| City-State-Zip: | LITTLE ROCK AR 72201 |

| | |
|---|---|
| Title | SECRETARY |
| Name | GAUGER, TIMOTHY |
| Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH |
| City-State-Zip: | LITTLE ROCK AR 72201 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | TATE, SHERMAN |
| Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH |
| City-State-Zip: | LITTLE ROCK AR 72201 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BROTHERS, ROBERT VINCENT |
| Address | 916 SYCAMORE TERRACE |
| City-State-Zip: | LOWELL AR 77245-9064 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | NABHOLZ, DAN |
| Address | 2500 BROOKFIELD DRIVE |
| City-State-Zip: | CONWAY AR 72032-4495 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MARTIN, CARLA |
| Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH |
| City-State-Zip: | LITTLE ROCK AR 72201 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | WHITE, P MARK |
| Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH |
| City-State-Zip: | LITTLE ROCK AR 72201 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | JOHNSON, MARLA |
| Address | 601 S. GAINES STREET<br>LEGAL DEPT., 7 SOUTH |
| City-State-Zip: | LITTLE ROCK AR 72201 |