2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005088

Entity Name: USABLE MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

601 S. GAINES STREET LEGAL DEPARTMENT, 2-UCC LITTLE ROCK, AR 72201 FILED Apr 05, 2016 Secretary of State CC3834810040

Current Mailing Address:

601 S. GAINES STREET LEGAL DEPARTMENT, 2-UCC 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT/CEO Title DIRECTOR

Name BARNETT, CURTIS Name BLAKELY, CAROLYN

Address 601 S. GAINES STREET Address UNIVERSITY OF ARKANSAS AT PINE

LEGAL DEPARTMENT, 2-UCC BLUFF

LITTLE ROCK AR 72201 1200 N. UNIVERSITY DRIVE MAIL

SLOT 4931

Title DIRECTOR City-State-Zip: PINE BLUFF AR 71601

Name BRITTAIN, SUSAN GLOVER Title DIRECTOR

Address P.O. BOX 518 Name BROTHERS, ROBERT VINCENT

City-State-Zip: MALVERN AR 72104 Address 916 SYCAMORE TERRACE

Title TREASURER City-State-Zip: LOWELL AR 77245-9064

Name DILLARD, GRAY D Title SECRETARY

Address 601 S. GAINES STREET Name DOUGLASS, LEE

LEGAL DEPARTMENT, 2-UCC

City-State-Zip: LITTLE ROCK AR 72201 Address 601 S. GAINES STREET LEGAL DEPARTMENT, 2-UCC

City-State-Zip: LITTLE ROCK AR 72201

Title DIRECTOR

Name GREENWAY, MARK V Title DIRECTOR

Address 1386 N. STARR DRIVE Name KELLEY, JAMES V
City-State-Zip: FAYETTEVILLE AR 72701 Address 1927 ALLYSON

City-State-Zip: TUPELO MS 38801

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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: LEE DOUGLASS SECRETARY 04/05/2016

Officer/Director Detail Continued:

City-State-Zip: LITTLE ROCK AR 72202

TitleDIRECTORTitleDIRECTORNameMARIS, MAHLON ONameMAY, J THOMASAddress4337 HWY. 392 WESTAddressP.O. BOX 7009

City-State-Zip: HARRISON AR 72601 City-State-Zip: PINT BLUFF AR 71611

Title DIRECTOR Title DIRECTOR

Name MITCHELL, GEORGE K Name NABHOLZ, DAN

Address 1511 N. FILLMORE Address 2500 BROOKFIELD DRIVE City-State-Zip: LITTLE ROCK AR 72207 City-State-Zip: CONWAY AR 72032-4495

TitleDIRECTORTitleDIRECTORNameNORRIS, MARLA JOHNSONNameOWENS, BEN

Address 401 W. CAPITOL STE 700 Address 517 W. STROUD

City-State-Zip: LITTLE ROCK AR 72201 City-State-Zip: JONESBORO AR 72401

Title DIRECTOR Title DIRECTOR

Name SHOPTAW, ROBERT L Name SMITH, PATTY

Address P.O. BOX 2181 Address 6101 NORTH STATE LINE

City-State-Zip: LITTLE ROCK AR 72203 City-State-Zip: TEXARKANA TX 75501

Title DIRECTOR Title DIRECTOR

Name TATE, SHERMAN Name WHITE, P MARK

Address 1 ALLIED DRIVE Address 71 VIGNE BLVD.

BUILDING #5 City-State-Zip: LITTLE ROCK AR 72223