

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005088

Entity Name: USABLE MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**601 S. GAINES STREET
LEGALDEPARTMENT,7 SOUTH
LITTLE ROCK, AR 72201**Current Mailing Address:**601 S. GAINES STREET
LEGALDEPARTMENT,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
Name JOHNSON, MARLA
Address 601 S. GAINES STREET
LEGALDEPARTMENT,7 SOUTH
City-State-Zip: LITTLE ROCK AR 72201

Title DIRECTOR
Name WHITE, P MARK
Address 601 S. GAINES STREET
LEGALDEPARTMENT,7 SOUTH
City-State-Zip: LITTLE ROCK AR 72201

Title SECRETARY
Name GAUGER, TIMOTHY
Address 601 S. GAINES STREET
LEGALDEPARTMENT,7 SOUTH
City-State-Zip: LITTLE ROCK AR 72201

Title DIRECTOR
Name TERRY, REX
Address 601 S. GAINES STREET
LEGALDEPARTMENT,7 SOUTH
City-State-Zip: LITTLE ROCK AR 72201

Title DIRECTOR
Name MARTIN, CARLA
Address 601 S. GAINES STREET
LEGALDEPARTMENT,7 SOUTH
City-State-Zip: LITTLE ROCK AR 72201

Title PRESIDENT
Name BARNETT, CURTIS
Address 601 S. GAINES STREET
LEGALDEPARTMENT,7 SOUTH
City-State-Zip: LITTLE ROCK AR 72201

Title DIRECTOR
Name MAY, J THOMAS
Address P.O. BOX 7009
City-State-Zip: PINT BLUFF AR 71611

Title DIRECTOR
Name SHOPTAW, ROBERT L
Address P.O. BOX 2181
City-State-Zip: LITTLE ROCK AR 72203

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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: TIMOTHY, GAUGER**SECRETARY****02/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BRITTAIN, SUSAN GLOVER
Address P.O. BOX 518
City-State-Zip: MALVERN AR 72104

Title DIRECTOR
Name MARIS, MAHLON O
Address 601 S. GAINES STREET
LEGALDEPARTMENT,7 SOUTH
City-State-Zip: LITTLE ROCK AR 72201

Title DIRECTOR
Name FARMER, ALEC
Address 601 S. GAINES STREET
LEGALDEPARTMENT,7 SOUTH
City-State-Zip: LITTLE ROCK AR 72201