

**2018 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**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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

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

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

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

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

Title	TREASURER
Name	DILLARD, GRAY D
Address	601 S. GAINES STREET LEGAL DEPARTMENT,2-UCC
City-State-Zip:	LITTLE ROCK AR 72201

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

Title	DIRECTOR
Name	KELLEY, JAMES V
Address	1927 ALLYSON
City-State-Zip:	TUPELO MS 38801

Title	DIRECTOR
Name	MARIS, MAHLON O
Address	4337 HWY. 392 WEST
City-State-Zip:	HARRISON AR 72601

**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:** LEE DOUGLASS**SECRETARY****04/03/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name OWENS, BEN  
Address 517 W. STROUD  
City-State-Zip: JONESBORO AR 72401

Title DIRECTOR  
Name TATE, SHERMAN  
Address 1 ALLIED DRIVE  
BUILDING #5  
City-State-Zip: LITTLE ROCK AR 72202

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

Title DIRECTOR  
Name NORRIS, MARLA JOHNSON  
Address 401 W. CAPITOL STE 700  
City-State-Zip: LITTLE ROCK AR 72201

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

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