

2017 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 PRESIDENT
Name BARNETT, CURTIS
Address 601 S. GAINES STREET
 LEGAL DEPARTMENT,2-UCC
City-State-Zip: LITTLE ROCK AR 72201

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

Title DIRECTOR
Name SMITH, PATTY
Address 6101 NORTH STATE LINE
City-State-Zip: TEXARKANA TX 75501

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

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

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

Title DIRECTOR
Name MITCHELL, GEORGE K
Address 1511 N. FILLMORE
City-State-Zip: LITTLE ROCK AR 72207

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

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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****04/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

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