

2013 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, CEO, DIRECTOR
Name	WHITE , P MARK
Address	71 VIGNE BLVD.
City-State-Zip:	LITTLE ROCK AR 72223

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

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

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

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****04/03/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date