

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000005275

Entity Name: USABLE LIFE INSURANCE COMPANY

FILED  
Nov 06, 2008  
Secretary of State

**Current Principal Place of Business:**

320 WEST CAPITOL, STE 700  
LITTLE ROCK, AR 72201

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1650  
LITTLE ROCK, AR 722031650

**New Mailing Address:**

FEI Number: 71-0505232      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
PO BOX 6200 32314-6200  
200 E, GAINES ST.  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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: MARK A LANGSTON

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete

Name: MANN, JASON D

Address: PO BOX 1650

City-St-Zip: LITTLE ROCK, AR 72201

Title: V ( ) Delete

Name: MARSHALL, JULIE F

Address: 320 WEST CAPITOL, STE 1100

City-St-Zip: LITTLE ROCK, AR

Title: ST ( ) Delete

Name: WHITE, MARK P

Address: PO BOX 2181

City-St-Zip: LITTLE ROCK, AR 722032181

Title: D ( ) Delete

Name: GOLD, MICHAEL A

Address: PO BOX 860

City-St-Zip: HONOLULU, HI

Title: D ( ) Delete

Name: DOERR, CHRIS R

Address: 4800 DEERWOOD CAMPUS PKWY

City-St-Zip: JACKSONVILLE, FL 32236

Title: AST ( ) Delete

Name: LANGSTON, MARK A

Address: 320 WEST CAPITOL AVE., STE 700

City-St-Zip: LITTLE ROCK, AR 72201

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: V (X) Change ( ) Addition

Name: TOUSE, JAMES L

Address: PO BOX 1650

City-St-Zip: LITTLE ROCK, AR 72201

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: ( ) Change ( ) Addition

Name:

Address:

City-St-Zip:

Title: EVP (X) Change ( ) Addition

Name: LANGSTON, MARK A

Address: PO BOX 1650

City-St-Zip: LITTLE ROCK, AR 72201

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK A LANGSTON

EVP

11/06/2008

Electronic Signature of Signing Officer or Director

Date