

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005275

FILED
Jul 16, 2009
Secretary of State

Entity Name: USABLE LIFE INSURANCE COMPANY

Current Principal Place of Business:

320 WEST CAPITOL, STE 700
LITTLE ROCK, AR 72201

New Principal Place of Business:

400 WEST CAPITOL, 15TH FLOOR
LITTLE ROCK, AR 72201

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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: TOUSE, JAMES L
Address: PO BOX 1650
City-St-Zip: LITTLE ROCK, AR 72201

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: EVP () Delete
Name: LANGSTON, MARK A
Address: PO BOX 1650
City-St-Zip: LITTLE ROCK, AR 72201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

07/16/2009

Electronic Signature of Signing Officer or Director

Date