

1.) CORPORATION NAME: USAbLe Mutual Insurance Company	DUE DATE: 6/30/2014		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1864935		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: AR			

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 S. GAINES STREET
Legal Department, 2-UCC

CITY/ST/ZIP: Little Rock, AR 72201

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: P MARK WHITE TITLE: PRESIDENT/CEO ADDRESS: 71 Vigne Blvd. CITY/ST/ZIP/CO: Little Rock, AR 72223	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MICHAEL W BROWN TITLE: VICE PRESIDENT ADDRESS: 601 S. GAINES STREET CITY/ST/ZIP/CO: LEGAL DEPARTMENT, 2-UCC LITTLE ROCK, AR 72201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: GRAY D DILLARD TITLE: CFO/TREASURER ADDRESS: 601 S. GAINES STREET CITY/ST/ZIP/CO: LEGAL DEPARTMENT, 2-UCC LITTLE ROCK, AR 72201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: LEE DOUGLASS TITLE: SECRETARY ADDRESS: 601 S. GAINES STREET CITY/ST/ZIP/CO: LEGAL DEPARTMENT, 2-UCC LITTLE ROCK, AR 72201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: SUSAN GLOVER BRITTAIN TITLE: DIRECTOR ADDRESS: P.O. BOX 518 CITY/ST/ZIP/CO: MALVERN, AR 72104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LEE DOUGLASS	LEE DOUGLASS, SECRETARY	5/8/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.