


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90022 008 \*\*\*150.00

**DOCUMENT # F02000004950**

1. Entity Name  
**REBSAMEN INSURANCE, INC.**



Principal Place of Business  
**1500 RIVERFRONT DRIVE  
 LITTLE ROCK, AR 72202**

Mailing Address  
**PO BOX 3198  
 LITTLE ROCK, AR 72203**


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

**40008193**



01192005 Chg-P CR2E034 (10/03)

4. FEI Number  
**71-0621654**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC MCDOWELL, ALLEN J 5455 SCENIC DRIVE LITTLE ROCK, AR 72207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRINGFELLOW, WILLIAM R 10 HAYFIELD ROAD LITTLE ROCK, AR 72207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOGG, LINDA 1817 RIVER HEIGHTS LITTLE ROCK, AR 72202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GLOVER, PAT 588 DODSON LANE RUSSELLVILLE, AR 72802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASKEW, WILLIAM E 3708 WIMBLETON LANE BIRMINGHAM, AL 35223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISCHAUER, JACK JR, 2116 NORTH SPRUCE LITTLE ROCK, AR 72207	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Chief Operating Officer James R. Hill 1500 Riverfront Drive Little Rock, AR 72202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer, SVP Joel R. Styles 1500 Riverfront Drive Little Rock, AR 72202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman and CEO Fred B. Stone 1500 Riverfront Drive Little Rock, AR 72202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of Board; Director David L. Bowlin 6200 Poplar Avenue Memphis, TN 38119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Fred B. Stone 1500 Riverfront Drive Little Rock, AR 72202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James R. Hill 1500 Riverfront Drive Little Rock, AR 72202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** William R. Stringfellow  
 William R. Stringfellow, Executive Vice President

Date: 1/19/05 Daytime Phone #: 501-661-4800

# ATTACHMENT

40008193

JOHN K. BAKER  
W. CHRISTOPHER BARRIER  
SHERRY P. BARTLEY  
STEVE BAUMAN  
R. T. BEARD, III  
C. DOUGLAS BUFORD, JR.  
FREDERICK K. CAMPBELL  
CHARLES B. CLIETT, JR.<sup>2</sup>  
KEN COOK  
DOAK FOSTER<sup>1</sup>  
BYRON FREELAND  
ALLAN GATES<sup>1</sup>  
JOSEPH W. GELZINE  
JACK D. GRUNDFEST<sup>2</sup>  
HAROLD W. HAMLIN  
JEFFREY W. HATFIELD  
L. KYLE HEFFLEY  
DONALD H. HENRY  
HERMANN IVESTER<sup>2</sup>  
WALTER E. MAY  
LANCE R. MILLER  
STUART P. MILLER  
T. ARK MONROE, III<sup>1</sup>  
ANNE S. PARKER  
LYN P. PRUITT  
CHRISTOPHER T. ROGERS  
JOHN S. SELIG  
LEIGH ANNE SHULTS  
STAN D. SMITH  
MARCELLA J. TAYLOR  
JEFFREY THOMAS<sup>1</sup>  
NICHOLAS THOMPSON<sup>1</sup>  
WILLIAM H.L. WOODYARD, III, P.A.  
WALTER G. WRIGHT, JR.

LAW OFFICES

#F02000004

MITCHELL, WILLIAMS, SELIG,  
GATES & WOODYARD, P.L.L.C.

425 WEST CAPITOL AVENUE, SUITE 1800  
LITTLE ROCK, ARKANSAS 72201-3525  
TELEPHONE 501-688-8800  
FAX 501-688-8807

5414 PINNACLE POINT DRIVE, SUITE 500  
ROGERS, ARKANSAS 72758-8131  
TELEPHONE 479-273-9561  
FAX 479-273-0527

WRITER'S DIRECT DIAL  
501-370-4230

January 24, 2005

MICHELLE H. CAULEY  
DAVID P. GLOVER  
AMMIE E. HARRIS  
LINDSEY K. HOWARD  
MARGARET A. JOHNSTON  
TONY JUNEAU  
<sup>2</sup>MARY MICHELLE MAHONY  
LANEY GOSSETT MCCONNELL  
<sup>4</sup>KEN MISKEN  
P. DELANNA PADILLA  
JENNIFER R. PIERCE  
<sup>2</sup>CHERYL L. REINHART  
<sup>1</sup>JENNIFER A. RONNEL  
JEFFREY L. SINGLETON  
DERRICK W. SMITH  
SHANNON SHORT SMITH  
JEFFREY L. SPILLYARDS

COUNSEL  
JEFFREY H. DIXON  
ROBERT M. EUBANKS III, P.A.  
S. HUBERT MAYES, JR.  
<sup>1</sup>H. MAURICE MITCHELL  
JEAN D. STOCKBURGER  
RICHARD A. WILLIAMS, P.A.

<sup>1</sup> ALSO ADMITTED IN DISTRICT OF COLUMBIA  
<sup>2</sup> ALSO ADMITTED IN COLORADO  
<sup>3</sup> ALSO ADMITTED IN THE U.S. PATENT  
AND TRADEMARK OFFICE  
<sup>4</sup> NOT ADMITTED IN ARKANSAS; ADMITTED  
IN NEW YORK AND NEW JERSEY  
<sup>5</sup> ALSO ADMITTED IN TEXAS  
<sup>6</sup> ALSO ADMITTED IN ARIZONA AND TEXAS  
ALL OTHERS ADMITTED IN ARKANSAS

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2005 for Profit Corporation Annual Report - Rebsamen Insurance, Inc.

Ladies and Gentlemen:

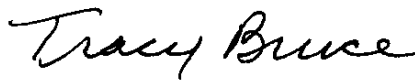
Enclosed are the original and one copy of the 2005 For Profit Corporation Annual Report for Rebsamen Insurance, Inc., along with our firm check in the amount of \$150.00 to cover the filing fee. Please return a file-stamped copy to me in the enclosed envelope.

Thank you for your assistance concerning this matter.

Very truly yours,

MITCHELL, WILLIAMS, SELIG,  
GATES & WOODYARD, P.L.L.C.

By



Tracy Bruce, CLA  
Certified Paralegal

/tb


Enclosures

cc: Mr. William R. Stringfellow (w/enc.)  
Ms. Leah Caradine (w/o enc.)

840919.1

ATTACHMENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000004950			
1. Entity Name REBSAMEN INSURANCE, INC.			
Principal Place of Business 1500 RIVERFRONT DRIVE LITTLE ROCK, AR 72202		Mailing Address PO BOX 3198 LITTLE ROCK, AR 72203	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01192005		Chg-P CR2E034 (10/03)	
4. FEI Number 71-0621654		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC MCDOWELL, ALLEN J 5455 SCENIC DRIVE LITTLE ROCK, AR 72207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Chief Operating Officer James R. Hill 1500 Riverfront Drive Little Rock, AR 72202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRINGFELLOW, WILLIAM R 10 HAYFIELD ROAD LITTLE ROCK, AR 72207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer, SVP Joel R. Styles 1500 Riverfront Drive Little Rock, AR 72202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOGG, LINDA 1817 RIVER HEIGHTS LITTLE ROCK, AR 72202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman and CEO Fred B. Stone 1500 Riverfront Drive Little Rock, AR 72202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GLOVER, PAT 588 DODSON LANE RUSSELLVILLE, AR 72802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of Board; Director David L. Bowlin 6200 Poplar Avenue Memphis, TN 38119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASKEW, WILLIAM E 3708 WIMBLETON LANE BIRMINGHAM, AL 35223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Fred B. Stone 1500 Riverfront Drive Little Rock, AR 72202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISCHAUER, JACK JR, 2116 NORTH SPRUCE LITTLE ROCK, AR 72207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James R. Hill 1500 Riverfront Drive Little Rock, AR 72202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>William R. Stringfellow</i> William R. Stringfellow, Executive Vice President		Date: 1/19/05 Daytime Phone #: 501-661-4800	

40008193

