

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004950

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: REBSAMEN INSURANCE, INC.

**Current Principal Place of Business:**

1500 RIVERFRONT DRIVE  
LITTLE ROCK, AR 72202

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3198  
LITTLE ROCK, AR 72203

**New Mailing Address:**

FEI Number: 71-0621654      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCOD ( ) Delete  
Name: HILL, JAMES R  
Address: 1500 RIVERFRONT DRIVE  
City-St-Zip: LITTLE ROCK, AR 72202

Title: V ( ) Delete  
Name: BOLAND, GAIL  
Address: 6200 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38119

Title: STSV ( ) Delete  
Name: STYLES, JOEL R  
Address: 1500 RIVERFRONT DRIVE  
City-St-Zip: LITTLE ROCK, AR 72202

Title: AS ( ) Delete  
Name: GLOVER, PAT  
Address: 588 DODSON LANE  
City-St-Zip: RUSSELLVILLE, AR 72802

Title: CCED ( ) Delete  
Name: STONE, FRED B  
Address: 1500 RIVERFRONT DRIVE  
City-St-Zip: LITTLE ROCK, AR 72202

Title: CD ( ) Delete  
Name: BOWLIN, DAVID L  
Address: 6200 POPLAR AVENUE  
City-St-Zip: MEMPHIS, TN 38119

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

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

Title: VSD (X) Change ( ) Addition  
Name: STYLES, JOEL R  
Address: 1500 RIVERFRONT DRIVE  
City-St-Zip: LITTLE ROCK, AR 72202

Title: TD (X) Change ( ) Addition  
Name: BENNETT, JOHN R  
Address: 6200 POPLAR AVENUE  
City-St-Zip: MEMPHIS, TN 38119

Title: VD (X) Change ( ) Addition  
Name: MARTIN, DARYLL  
Address: 6200 POPLAR AVENUE  
City-St-Zip: MEMPHIS, TN 38119

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 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: JOEL R. STYLES

V

04/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date