2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # F93000004886 1. Entity Name ARKANSAS CLAIMS MANAGEMENT, INC. 05-10-2001 90186 028 ***150.00 Principal Place of Business Mailing Address **DEPT 8013 DEPT 8013** TAX DEPT TAX DEPT. **BENTONVILLE AR 72716-8013** BENTONVILLE AR 72716-8013 2. Principal Place of Business 3. Mailing Address 702 SW 8TH STREET 702 SW8TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 0555 # 0555 Applied For City & State 4. FEI Number City & State 71-0738006 BENTONVILLE, AR BENTONVILLE, Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ----CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE 💢 Delete TITLE SEE ATTACHED LIST BAILEY, STUART A NAME NAME 702 SW 8TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BENTONVILLE AR 72716 ☐ Addition Change TITI F TITLE □ Delete NAME DEVORE, MARDIS E NAME STREET ADDRESS STREET ADDRESS 702 SW 8TH STREET CITY-ST-ZIP **BENTONVILLE AR 72716** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE LEHENBAUER, DAVE NAME NAME STREET ADDRESS STREET ADDRESS 702 SW 8TH STREET CITY-ST-ZIP CITY-ST-ZIP **BENTONVILLE AR 72716** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE CARTER

3-15-2001

(501) 204-2096

Daytime Phone #

Ottochnene 842692

Claims Management, Inc.
Officers

84 2490

Steve Carter

Sole Director, President & Chief Executive Officer

Elizabeth Espinoza

Vice President and Chief Financial Officer

Mardis E. DeVore

-Vice President &-Chief Administrative Officer

Dan Fila

Vice President & Chief Operations Officer

David Lehenbaur

Vice President, Chief Information Officer,

Secretary and Treasurer

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