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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:42

DOCUMENT # **F93000004886 (8)**

1. Corporation Name
ARKANSAS CLAIMS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
DEPT 8013 BENTONVILLE AR 72716-8013 US	DEPT 8013 BENTONVILLE AR 72716-8013 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1993	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 71-0738006	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CARTER, PAUL	12 NAME	
STREET ADDRESS	ROUTE 4	13 STREET ADDRESS	
CITY ST ZIP	BENTONVILLE AR	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NEWBERG, WILLIAM E	22 NAME	
STREET ADDRESS	127 WOLF ROAD	23 STREET ADDRESS	
CITY ST ZIP	ROGERS AR	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	RHOADS, ROBERT K	32 NAME	
STREET ADDRESS	631 WILLOW	33 STREET ADDRESS	
CITY ST ZIP	FAYETTEVILLE AR	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, RONALD A	42 NAME	
STREET ADDRESS	902 LAKEVIEW DR.	43 STREET ADDRESS	
CITY ST ZIP	ROGERS AR	44 CITY ST ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	BAILEY, STUART	52 NAME	
STREET ADDRESS	5428 W. MAGNOLIA	53 STREET ADDRESS	
CITY ST ZIP	ROGERS AR	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	DEVORE, MARDIS	62 NAME	
STREET ADDRESS	1810 CLARK	63 STREET ADDRESS	
CITY ST ZIP	BENTONVILLE AR	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mardis DeVore Mardis DeVore 5/15/95 501-277-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490684 FN