

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90002 001 ***150.00

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1. Entity Name

ARKANSAS BLUE CROSS AND BLUE SHIELD, A MUTUAL
INSURANCE COMPANY



Principal Place of Business

601 S. GAINES ST.
LITTLE ROCK, AR 72201

Mailing Address

601 S. GAINES ST.
LITTLE ROCK, AR 72201

54008900



DO NOT WRITE IN THIS SPACE

02122004 No Chg-P CR2E034 (10/03)

4. FEI Number

71-0226428

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 S. PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MCCLERKIN, HAYES C
STREET ADDRESS	1 SPRING VALLEY LANE
CITY-ST-ZIP	TEXARKANA, AR
TITLE	VCD
NAME	RAMSAY, LOUIS L JR.
STREET ADDRESS	2001 COUNTRY CLUB LANE
CITY-ST-ZIP	PINE BLUFF, AR
TITLE	P
NAME	SHOPTAW, ROBERT L
STREET ADDRESS	601 S. GAINES
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	V
NAME	BROWN, MICHAEL W
STREET ADDRESS	601 S. GAINES
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	T
NAME	WHITE, P. MARK
STREET ADDRESS	601 S. GAINES
CITY-ST-ZIP	LITTLE ROCK, AR 72201
TITLE	S
NAME	CABE, ROBERT D
STREET ADDRESS	601 S. GAINES
CITY-ST-ZIP	LITTLE ROCK, AR 72201

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IN THIS SPACE**

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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/04

Daytime Phone #

(501) 378-2581