2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005088

FILED Jan 10, 2012 Secretary of State

Entity Name: ARKANSAS BLUE CROSS AND BLUE SHIELD, A MUTUAL INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

601 GAINES STREET

LITTLE ROCK, AR 72201 US

Current Mailing Address: New Mailing Address:

PO BOX 2181 PO BOX 2181

LITTLE ROACK, AR 722032181 US LITTLE ROCK, AR 722032181 US

FEI Number: 71-0226428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

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

OFFICERS AND DIRECTORS:

Title: [

Name: BLAKELY, CAROLYN F PHD Address: 1200 N UNIVERSITY MAIL SLOT 4931

City-St-Zip: PINE BLUFF, AR 71611 US

Title:

Name: BRITTAIN, SUSAN Address: PO BOX 518

City-St-Zip: MALVERN, AR 72104 US

Title:

Name: BROTHERS, ROBERT V

Address: PO BOX 809

City-St-Zip: ROGERS, AR 727570809 US

Title: [

 Name:
 GREENWAY, MARK

 Address:
 PO BOX 777

 City-St-Zip:
 LOWELL, AR 72745 US

Title: [

Name: JESSON, BRADLEY D Address: PO BOX 10127

City-St-Zip: FORT SMITH, AR 729170127 US

Title: D

Name: KELLEY, JAMES V Address: PO BOX 789

City-St-Zip: TUPELO, MS 388020789 US

I hereby 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 all other like empowered.

SIGNATURE: LEE DOUGLASS SECR 01/10/2012

Electronic Signature of Signing Officer or Director

Date