

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004886

Entity Name: ARKANSAS CLAIMS MANAGEMENT, INC.

Current Principal Place of Business:

922 W WALNUT ST
ROGERS, AR 72756

Current Mailing Address:

PO BOX 14731
LEXINGTON, KY 40512-4731 US

FEI Number: 71-0738006

Certificate of Status Desired: No

Name and Address of Current 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

Officer/Director Detail :

Title PRESIDENT, CEO
Name KOONCE , K. "MAX"
Address 922 W WALNUT ST
City-State-Zip: ROGERS AR 72756

Title VP
Name LEAK , J. COUNCILL
Address 922 W WALNUT ST
City-State-Zip: ROGERS AR 72756

Title CFO, SECRETARY
Name HOLLIDAY , KIM
Address 922 W WALNUT ST
City-State-Zip: ROGERS AR 72756

Title DIRECTOR
Name STILLS , DAVID
Address 922 W WALNUT ST
City-State-Zip: ROGERS AR 72756

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: J. COUNCILL LEAK

VP

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date