2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# F93000004886

Entity Name: ARKANSAS CLAIMS MANAGEMENT, INC.

Current Principal Place of Business:

702 SW 8TH STREET
#0555
BENTONVILLE, AR 727160555 US

New Principal Place of Business:

702 SW 8TH STREET
MS #0555
BENTONVILLE, AR 727160555 US

Current Mailing Address:

702 SW 8TH STREET
#0555
BENTONVILLE, AR 727160555 US

New Mailing Address:

702 SW 8TH STREET
MS #0555
BENTONVILLE, AR 727160555 US

FEI Number: 71-0738006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: KOONCE, MAX
Address: 702 SW 8TH ST
City-St-Zip: BENTONVILLE, AR 72716

Title: VPS ( ) Delete
Name: HOLLIDAY, KIMBERLY
Address: 702 SW 8TH ST
City-St-Zip: BENTONVILLE, AR 72716

Title: VPTC ( ) Delete
Name: CAROLLO, PAULA L
Address: 702 SW 8TH STREET
City-St-Zip: BENTONVILLE, AR 72716

Title: VP (X) Delete
Name: GRAY, JENNIFER A
Address: 702 SW 8TH STREET
City-St-Zip: BENTONVILLE, AR 72716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change ( ) Addition
Name: HOLLIDAY, KIMBERLY A
Address: 702 SW 8TH ST
City-St-Zip: BENTONVILLE, AR 72716

Title: VP (X) Change ( ) Addition
Name: FILLA, DANIEL
Address: 702 SW 8TH STREET
City-St-Zip: BENTONVILLE, AR 72716

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAX KOONCE PCEO 03/15/2007

Electronic Signature of Signing Officer or Director — Date