



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000074476

2. Name of Corporation CLAIMS MANAGEMENT, INC.

3. Street Address Principal Business Office:

No. and Street: 124 WEST CAPITOL AVENUE  
SUITE 1900

City or Town: LITTLE ROCK State: AR Zip: 72201 Country: USA

4. Business Phone No.

5. State of Incorporation

State: AR

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

52

6. Brief Description of the Character of Business Conducted in Rhode Island

COMPANY WHO'S PRIMARY FUNCTION IS PROVIDING INSURANCE AND RELATED SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	K. KOONCE	124 WEST CAPITOL AVENUE, SUITE 1900

		LITTLE ROCK, AR 72201 USA
SECRETARY	KIM HOLLIDAY	124 WEST CAPITOL AVENUE, SUITE 1900 LITTLE ROCK, AR 72201 USA
CFO	KIM HOLLIDAY	124 WEST CAPITOL AVENUE, SUITE 1900 LITTLE ROCK, AR 72201 USA
VICE PRESIDENT	ANTHONY WALKER	124 WEST CAPITOL AVENUE, SUITE 1900 LITTLE ROCK, AR 72201 USA
ASSISTANT SECRETARY	ANDREA LAZENBY	124 WEST CAPITOL AVENUE, SUITE 1900 LITTLE ROCK, AR 72201 USA
DIRECTOR	DAVID STILLS	124 WEST CAPITOL AVENUE, SUITE 1900 LITTLE ROCK, AR 72201 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.1000	10,000.00	10000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 3 Day of February, 2017 at 12:56:43 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KELLY LETTMANN  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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