

1.) CORPORATION NAME:

OMEGA ADMINISTRATORS, INC.

DUE DATE: **7/31/2011**

SCC ID NO: **F1634023**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1513 COUNTRY CLUB

CITY/ST/ZIP: SHERWOOD, AR 72120-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ED CHOATE
TITLE: PRESIDENT
ADDRESS: 1513 COUNTRY CLUB BLVD
CITY/ST/ZIP/CO: SHERWOOD, AR 72120-

OFFICER

DIRECTOR

NAME: PHYLLIS ROGERS
TITLE: SR VP/CFO
ADDRESS: 1513 COUNTRY CLUB BLVD
CITY/ST/ZIP/CO: SHERWOOD, AR 72120-

OFFICER

DIRECTOR

NAME: SUSIE SMITH
TITLE: TREASURER
ADDRESS: 2420 NORTH TAYLOR
CITY/ST/ZIP/CO: LITTLE ROCK, AR 72207-

OFFICER

DIRECTOR

NAME: DR PAUL FITZGERALD
TITLE: SECRETARY
ADDRESS: 209 WEST HOLLY ST
CITY/ST/ZIP/CO: SHERIDAN, AR 72150-

OFFICER

DIRECTOR

NAME: ROBERT GLADDEN
TITLE: DIRECTOR
ADDRESS: 1434 PIKE AVE
CITY/ST/ZIP/CO: NORTH LITTLE ROCK, AR 72114-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR JIM JOHNSTON DIRECTOR 200 PINE STREET MARION, AR 72150-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MR HAROLD PERRIN DIRECTOR 2400 HIGHLAND 5TH FLOOR JONESBORO, AR 72401-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR ROBERT MATLOCK DIRECTOR 1107 WEST ELM ROGERS, AR 72756-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BYRON SOUTHERN DIRECTOR 12410 CANTRELL LITTLE ROCK, AR 72201-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR MEL COLLAZO DIRECTOR 11811 HINSON ROAD SUITE 100 LITTLE ROCK, AR 72212-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MR WELDON JOHNSON DIRECTOR 1600 ARKANSAS BLVD SUITE 110 RUSSELLVILLE, AR 71854-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYNN HARBERT VICE PRESIDENT 1513 COUNTRY CLUB ROAD SHERWOOD, AR 72120-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR HERMAN HURD PRESIDENT 1513 COUNTRY CLUB ROAD SHERWOOD, AR 72120-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLEN MOORE VICE PRESIDENT 1513 COUNTRY CLUB ROAD SHERWOOD, AR 72120-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM CARNEY VICE PRESIDENT 1513 COUNTRY CLUB ROAD SHERWOOD, AR 72120-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: WILLIAM CAMPBELL TITLE: VICE PRESIDENT ADDRESS: 1513 COUNTRY CLUB ROAD CITY/ST/ZIP/CO: SHERWOOD, AR 72120-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JIM JOHNSON TITLE: VICE PRESIDENT ADDRESS: 1513 COUNTRY CLUB ROAD CITY/ST/ZIP/CO: SHERWOOD, AR 72120-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PHYLLIS ROGERS	PHYLLIS ROGERS, SR VP/CFO	7/12/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.