

1.) CORPORATION NAME:

OMEGA ADMINISTRATORS, INC.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1634023**

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 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 1513 COUNTRY CLUB BLVD | | |
| CITY/ST/ZIP/CO: | SHERWOOD, AR 72120 | | |

| | | | |
|-----------------|------------------------|---|-----------------------------------|
| NAME: | DR HERMAN HURD | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 1513 COUNTRY CLUB ROAD | | |
| CITY/ST/ZIP/CO: | SHERWOOD, AR 72120 | | |

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|-----------------|------------------------|---|-----------------------------------|
| NAME: | LYNN HARBERT | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 1513 COUNTRY CLUB ROAD | | |
| CITY/ST/ZIP/CO: | SHERWOOD, AR 72120 | | |

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|-----------------|------------------------|---|-----------------------------------|
| NAME: | JIM JOHNSON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 1513 COUNTRY CLUB ROAD | | |
| CITY/ST/ZIP/CO: | SHERWOOD, AR 72120 | | |

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|-----------------|------------------------|---|-----------------------------------|
| NAME: | ALLEN MOORE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 1513 COUNTRY CLUB ROAD | | |
| CITY/ST/ZIP/CO: | SHERWOOD, AR 72120 | | |

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|-----------------|------------------------|---|-----------------------------------|
| NAME: | PHYLLIS ROGERS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SR VP/CFO | | |
| ADDRESS: | 1513 COUNTRY CLUB BLVD | | |
| CITY/ST/ZIP/CO: | SHERWOOD, AR 72120 | | |

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|--|---|--|
| NAME: SUSIE SMITH TITLE: TREASURER ADDRESS: METROPOLITAN BANK BLDG. 425 WEST CAPITAL CITY/ST/ZIP/CO: LITTLE ROCK, AR 72201 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DR MEL COLLAZO TITLE: PRESIDENT ADDRESS: 11811 HINSON ROAD SUITE 100 CITY/ST/ZIP/CO: LITTLE ROCK, AR 72212 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ROBERT GLADDEN TITLE: DIRECTOR ADDRESS: 1434 PIKE AVE CITY/ST/ZIP/CO: NORTH LITTLE ROCK, AR 72114 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MR WELDON JOHNSON TITLE: DIRECTOR ADDRESS: 2368-1 WEST PINE HILLS DR CITY/ST/ZIP/CO: ROGERS, AR 72757 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DR JIM JOHNSTON TITLE: DIRECTOR ADDRESS: 200 PINE STREET CITY/ST/ZIP/CO: MARION, AR 72150 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DR ROBERT MATLOCK TITLE: DIRECTOR ADDRESS: P.O. BOX 2013 CITY/ST/ZIP/CO: ROGERS, AR 72756 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MR HAROLD PERRIN TITLE: DIRECTOR ADDRESS: CITY HALL 515 W. WASHINGTON CITY/ST/ZIP/CO: JONESBORO, AR 72401 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| 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 | 7/10/2012 |
| 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. | | |