


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90021 050 ***150.00

DOCUMENT # F02000002620
 1. Entity Name
RISK ADMINISTRATION SERVICES, INC.




Principal Place of Business
**3900 WEST 53RD ST.
 SIOUX FALLS, SD 57106**

Mailing Address
**PO BOX 89310
 SIOUX FALLS, SD 57109-1008**

54013951

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02262004 Chg-P CR2E034 (10/03)

4. FEI Number
46-0407236

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

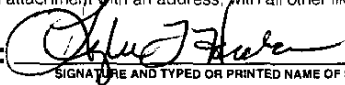
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RALPH E		NAME		
STREET ADDRESS	3900 WEST 53RD ST.		STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS, SD 57106		CITY-ST-ZIP		
TITLE	VCP	<input type="checkbox"/> Delete	TITLE	C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RICHARD EUGENE		NAME		
STREET ADDRESS	3900 WEST 53RD ST.		STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS, SD 57106		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	S/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, R. EDWARD		NAME		
STREET ADDRESS	3900 WEST 53RD ST.		STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS, SD 57106		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERDINA, LEZLEE LONG		NAME		
STREET ADDRESS	3900 WEST 53RD ST.		STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS, SD 57106		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAAHSEN, LARRY EUGENE		NAME		
STREET ADDRESS	3900 WEST 53RD ST.		STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS, SD 57106		CITY-ST-ZIP		
TITLE	VPGC	<input type="checkbox"/> Delete	TITLE	VGC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAN, ROBERT J		NAME		
STREET ADDRESS	3900 WEST 53RD ST.		STREET ADDRESS		
CITY-ST-ZIP	SIOUX FALLS, SD 57106		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Lezlee L Herdina, CFO** **02-27-04** **605-361-5731**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

attachment

~~FO 2000000600~~

54013951

Risk Administration Services Inc. (RAS)
3900 West 53rd Street
Sioux Falls, SD 57106

Individual	Company Officer	Board of Director Member	Address
Richard E. Johnson	President	Member - Chair	3900 West 53rd Street, Sioux Falls, SD 57106
R. Edward Johnson	Chief Operations Officer	Member - Acting Secretary	3900 West 53rd Street, Sioux Falls, SD 57106
Larry E. Klaahsen	Vice-President - Claims	Member	3900 West 53rd Street, Sioux Falls, SD 57106
Ralph E. Johnson	Vice-President	Member	3900 West 53rd Street, Sioux Falls, SD 57106
* T. R. Sturm	Senior Vice-President	Member	3900 West 53rd Street, Sioux Falls, SD 57106
Lezlee L. Herdina	Chief Financial Officer		3900 West 53rd Street, Sioux Falls, SD 57106
Robert J. Hollan	Vice President & General Counsel		3900 West 53rd Street, Sioux Falls, SD 57106

* Additional -not listed on form