


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000002620

1. Entity Name
RISK ADMINISTRATION SERVICES, INC.



Principal Place of Business Mailing Address

**3900 WEST 53RD ST.
 SIOUX FALLS, SD 57106**

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

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

46-0407236 Not Applicable

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**

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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, 2007 Fee will be \$550.00

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

Trust Fund Contribution.

000000586722
 01/17/07-80004-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	JOHNSON, RALPH E
STREET ADDRESS	3900 WEST 53RD ST.
CITY-ST-ZIP	SIOUX FALLS, SD 57106
TITLE	CP
NAME	JOHNSON, RICHARD EUGENE
STREET ADDRESS	3900 WEST 53RD ST.
CITY-ST-ZIP	SIOUX FALLS, SD 57106
TITLE	SV
NAME	JOHNSON, R. EDWARD
STREET ADDRESS	3900 WEST 53RD ST.
CITY-ST-ZIP	SIOUX FALLS, SD 57106
TITLE	V
NAME	KLAAHSEN, LARRY EUGENE
STREET ADDRESS	3900 WEST 53RD ST.
CITY-ST-ZIP	SIOUX FALLS, SD 57106
TITLE	VGC
NAME	HOLLAN, ROBERT J
STREET ADDRESS	3900 WEST 53RD ST.
CITY-ST-ZIP	SIOUX FALLS, SD 57106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert J. Hollan 1/4/07 605-361-4142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #