

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002620

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** RISK ADMINISTRATION SERVICES, INC.

**Current Principal Place of Business:**

300 CHERAPA PLACE  
SUITE 401  
SIOUX FALLS, SD 57103 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 89310  
SIOUX FALLS, SD 571099310 US

**New Mailing Address:**

**FEI Number:** 46-0407236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: JOHNSON, RICHARD E  
Address: 300 CHERAPA PLACE SUITE 401  
City-St-Zip: SIOUX FALLS, SD 57103

Title: SVP  
Name: JOHNSON, R. EDWARD  
Address: 300 CHERAPA PLACE SUITE 401  
City-St-Zip: SIOUX FALLS, SD 57103

Title: EVP  
Name: KLAAHSEN, LARRY E  
Address: 300 CHERAPA PLACE SUITE 401  
City-St-Zip: SIOUX FALLS, SD 57103

Title: SVP  
Name: HOLLAN, ROBERT J  
Address: 300 CHERAPA PLACE SUITE 401  
City-St-Zip: SIOUX FALLS, SD 57103

Title: SVP  
Name: BRANDNER, THEODORE  
Address: 300 CHERAPA PLACE SUITE 401  
City-St-Zip: SIOUX FALLS, SD 57103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT J. HOLLAN

SVP

01/04/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date