

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000002620

**FILED**  
**Jan 04, 2016**  
**Secretary of State**  
**CC8870175106**

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

**Current Principal Place of Business:**

300 CHERAPA PLACE  
SUITE 401  
SIOUX FALLS, SD 57103

**Current Mailing Address:**

PO BOX 89310  
SIOUX FALLS, SD 57109-9310 US

**FEI Number:** 46-0407236

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

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

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

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

Title           SVP  
Name           BRANDNER, THEODORE  
Address        300 CHERAPA PLACE SUITE 401  
City-State-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, SECRETARY &  
GENERAL COUNSEL**

**01/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date