

No. C 73315**Due no later than July 31, 2007
Annual Report Form****2. Registered Agent and Office NO PO BOX****Return to:**
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080**1. Mailing Address - Correct in this box, if applicable**RISK MANAGEMENT SPECIALISTS, INC.
JAMES A SULLIVAN
6839 W RUSSETT
BOISE, ID 83704JAMES A SULLIVAN
6839 W RUSSETT
BOISE, ID 83704**NO FILING FEE IF
RECEIVED BY DUE DATE****3. New Registered Agent Signature****4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES	JAMES A. SULLIVAN	6839 W RUSSETT BOISE ID. 83704			

5. Organized Under the Laws of:IDAHO
C 73315**6.**

Signature

James A Sullivan Date *5-28-07*

Name

(Typed or
Printed)*JAMES A SULLIVAN* Title *PRES*