FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB -7 PM 3:32

DOCUMENT # F92000000635 (4)

1. Corporation Name
HEALTH SPECIAL RISK, INC.

Principal Place of Business	Mailing Address
16479 DALLAS PKY 150 DALLAS TX 75248 US	16479 DALLAS PARKWAY, SUITE 150 DALLAS TX 75248-6873 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1992	3a. Date of Last Report: 03/24/1994
4. FEI Number: 41-1365449	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~CD~~	1.1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	CONNORS, BERNARD J RETIRED	1.2 NAME	PUETEC, ROBERT A
STREET ADDRESS	880 SIBLEY MEMORIAL HWY 12-31-94	1.3 STREET ADDRESS	16479 DALLAS PARKWAY #150
CITY-ST-ZIP	MENDOTA HEIGHTS MN DELETE	1.4 CITY-ST-ZIP	DALLAS, TEXAS 75248
TITLE	~~PD~~ CHAIRMAN + DIRECTOR	2.1 TITLE	☐ Change ☐ Addition
NAME	MUNSON, PHILIP K	2.2 NAME	
STREET ADDRESS	880 SIBLEY MEMORIAL HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	2.4 CITY-ST-ZIP	
TITLE	~~VSD~~ C.E.O + DIRECTOR	3.1 TITLE	☐ Change ☐ Addition
NAME	BELL, CHARLES E. + SECRETARY	3.2 NAME	
STREET ADDRESS	880 SIBLEY MEMORIAL HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MENDOTA HEIGHTS MN	3.4 CITY-ST-ZIP	
TITLE	~~VTD~~ PRESIDENT, DIRECTOR	4.1 TITLE	☐ Change ☐ Addition
NAME	LENIHAN, THOMAS + TREASURER	4.2 NAME	
STREET ADDRESS	16479 DALLAS PARKWAY #150	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	SAMDAHL, C. D.	5.2 NAME	
STREET ADDRESS	16479 DALLAS PARKWAY, #150	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	~~VTD~~	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: [signature] 1-27-95 214 931-3057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04T3231 FP