

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F92000000635 (4)

1. Corporation Name

HEALTH SPECIAL RISK, INC.



Principal Place of Business

16479 DALLAS PKY  
150  
DALLAS TX 75248  
US

Mailing Address

16479 DALLAS PARKWAY, SUITE 150  
DALLAS TX 75248-6873  
US

3. Date Incorporated or Qualified  
11/30/1992

3a. Date of Last Report  
02/07/1995

2. Principal Place of Business

2a. Mailing Address

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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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP  
PURTEC, ROBERT A  
16479 DALLAS PARKWAY #150  
DALLAS TX

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

CD  
MUNSON, PHILIP K  
880 SIBLEY MEMORIAL HWY  
MENDOTA HEIGHTS MN

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

CEO  
BELL, CHARLES E.  
880 SIBLEY MEMORIAL HWY  
MENDOTA HEIGHTS MN

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
LENIHAN, THOMAS  
16479 DALLAS PARKWAY #150  
DALLAS TX

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V  
SAMDAHL, C. D.  
16479 DALLAS PARKWAY, #150  
DALLAS TX

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Lenihan

Date

Daytime Phone

4-24-96 (214) 931-3087

CR2E034 (12/95)