

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F92000000635

1. Entity Name
HEALTH SPECIAL RISK, INC.



Principal Place of Business
**4001 NORTH JOSEY LANE
CARROLLTON, TX 75007 US**

Mailing Address
**4001 NORTH JOSEY LANE
CARROLLTON, TX 75007 US**



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1365449

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
CHILES, LINDA GAIL
4001 NORTH JOSEY LANE
CARROLLTON, TX 75007**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
LENIHAN, THOMAS
4001 NORTH JOSEY LANE
CARROLLTON, TX 75007**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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02/22/05-80044-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Linda Gail Chiles

SIGNATURE: Linda Gail Chiles Senior Vice President 2/9/05 972-492-6474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #