

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 20, 2006 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



02062006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE VP
NAME CHILES, LINDA GAIL
STREET ADDRESS 4001 NORTH JOSEY LANE
CITY-ST-ZIP CARROLLTON, TX 75007

TITLE CD
NAME MUNSON, PHILIP K
STREET ADDRESS 880 SIBLEY MEMORIAL HWY
CITY-ST-ZIP MENDOTA HEIGHTS, MN

TITLE PD
NAME LENIHAN, THOMAS
STREET ADDRESS 4001 NORTH JOSEY LANE
CITY-ST-ZIP CARROLLTON, TX 75007

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CITY-ST-ZIP

1000007441681
04/03/06-80045-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _____

Linda Gail Chiles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Gail Chiles

2/17/06

972-492-6474

Date

Daytime Phone #