2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008
Secretary of State

DOCUMENT# F92000000635

Entity Name: HEALTH SPECIAL RISK, INC.

Current Principal Place of Business:

4001 NORTH JOSEY LANE
CARROLLTON, TX 75007 US

New Principal Place of Business:

4100 MEDICAL PARKWAY
CARROLLTON, TX 75007 US

Current Mailing Address:

4001 NORTH JOSEY LANE
CARROLLTON, TX 75007 US

New Mailing Address:

4100 MEDICAL PARKWAY
CARROLLTON, TX 75007 US

FEI Number: 41-1365449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: MUNSON, PHILIP K
Address: 880 SIBLEY MEMORIAL HWY
City-St-Zip: MENDOTA HEIGHTS, MN

Title: PD ( ) Delete
Name: LENIHAN, THOMAS
Address: 4001 NORTH JOSEY LANE
City-St-Zip: CARROLLTON, TX 75007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: LENIHAN, THOMAS
Address: 4100 MEDICAL PARKWAY
City-St-Zip: CARROLLTON, TX 75007

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J LENIHAN PRES 05/29/2008

Electronic Signature of Signing Officer or Director Date