2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

F9200000635 DOCUMENT

1. Entity Name

HEALTH SPECIAL RISK, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90144 023 ***150.00

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Principal Place of Business 4001 NORTH JOSEY LANE CARROLLTON TX 75007 US		4001	Mailing Address 4001 NORTH JOSEY LANE CARROLLTON TX 75007 US									
2. Principal Place of Business			3. Mailing Address					Eil e 11814 68141 66	 	((08) 1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 41-136544						
Zip	Country	Zip	Zip Count			5. Certificate of Status E						
Name and Address of Current Regis			ered Agent			7.	7. Name and Address of New Registered Agent					
					Name							
C T CORPORATION SYSTEM			-				(DO D. 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
1200 SOL	JTH PINE ISLAND RO)AD			Street Address (P.O. Box Number is Not Acceptable)							
PLANTATION FL 33324												
		7.40.12		ļ	City				FL	1 '		
the obligation	e named entity submits t tions of registered agent	his statement for the purp t.	oose of changing its	registere	d office or re	egistered ag	gent, or both, in	the State of Flo	orida. I am fa	miliar with,	and accept	
SĮGNATURE	Signature, typed or printed nam	e of registered agent and title if ap	plicable. (NOTE	: Registered	Agent signature	required when r	reinstating)		DATE	····		
			T			4. FEI Number 41-1365449 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable) FL Zip Code or registered agent, or both, in the State of Florida. I am familiar with, and accept ature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Change Addition Addition						
Afte	ILE NOW!!! FEE IS r May 1, 2003 Fee wi k Payable to Florida I	li be \$550.00					1	, ,				
10.		OFFICERS AND DIRECTO	DBS	11.	-	ΔΓ	DDITIONS (CHAI	NGES TO OES	ICEDS AND I	NECTOR	C IN 11	
TITLE	VP		☐ Delete	TITLE			DDITIOI40/OIIA	VOLUE FO OFF				
NAMÉ	CHILES, LINDA GAII	}	□ Derete	NAME						change	☐ Addition	
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CITY-ST-ZIP_	CARROLLTON TX 75				ST-ZIP							
TITLE	CD			+	-					<u> </u>		
NAME	MUNSON, PHILIP K		☐ Delete	TITLE					l	Unange	☐ Addition	
STREET ADDRESS	880 SIBLEY MEMOF	NAI HWV			T ADDRESS							
CITY-ST-ZIP	MENDOTA HEIGHTS				ST-ZIP						ļ	
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NAME	BELL, CHARLES E.		ALA Delete	NAME					<u>i</u>	Griange	☐ Addition	
	880 SIBLEY MEMOR	NAI HWY			T ADDRESS							
	MENDOTA HEIGHTS			CITY-								
TITLE	PD	:	□ Delete	TITLE					Г	T Change	Addition	
NAME	LENIHAN, THOMAS	1	D belete	NAME					L	Onlings	☐ Vacusou	
STREET ADDRESS	4001 NORTH JOSEY	/ LAÑE		STREE	T ADDRESS							
CITY-ST-ZIP	CARROLLTON TX 75			CITY-	ST-ZIP							
TITLE			☐ Delete	TITLE						Change	Addition	
NAME				NAME					_			
STREET ADDRESS	,				T ADDRESS							
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STREET ADDRESS					ADDRESS							
CITY-ST-ZIP		•		CITY-S								
12. I hereby o	ertify that the information	n supplied with this filing	does not qualify for t	the ever	ention stated	in Cootion	110.07(2\(i)\) Ele	rida Ctatutaa I	further series	. 410.04 410.0 10	4	

SIGNATURE:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

GNATURE:

Linda Gairl Chiles, Senior Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date