

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F92000000635

**Entity Name:** HEALTH SPECIAL RISK, INC.

**Current Principal Place of Business:**

4100 MEDICAL PARKWAY  
CARROLLTON, TX 75007

**Current Mailing Address:**

4100 MEDICAL PARKWAY  
CARROLLTON, TX 75007 US

**FEI Number: 41-1365449**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR, CFO  
Name            LENHIAN, THOMAS J  
Address        4100 MEDICAL PARKWAY  
City-State-Zip: CARROLLTON TX 75007

Title            CEO, SECRETARY, DIRECTOR  
Name            MUNSON, PHILIP K  
Address        880 SIBLEY MEMORIAL HWY  
City-State-Zip: MENDOTA HEIGHTS MN 55118

*I hereby 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 all other like empowered.*

**SIGNATURE: THOMAS J. LENHIAN**

**PRESIDENT, CFO**

**05/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date