

No. C 195436	Due no later than Jul 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HEALTH SPECIAL RISK, INC. 880 SIBLEY MEMORIAL HIGHWAY SUITE 101 MENDOTA HEIGHTS MN 55118		NATIONAL CORPORATE RESEARCH LT 921 S ORCHARD ST STE G BOISE ID 83705			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	THOMAS J LENHIAN	4100 MEDICAL PARKWAY	CARROLLTON	TX	USA	75007
DIRECTOR	THOMAS J LENHIAN	4100 MEDICAL PARKWAY	CARROLLTON	TX	USA	75007
5. Organized Under the Laws of: MN C 195436	6. Annual Report must be signed.* Signature: Thomas J. Lenihan Name (type or print): Thomas J. Lenihan		Date: 06/28/2017 Title: President			
Processed 06/28/2017		* Electronically provided signatures are accepted as original signatures.				