No. <b>C 195436</b>		Due no later than Jul 31, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			NATIONAL CORPORATE RESEARCH LT			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HEALTH SPECIAL RISK, INC.  THOMAS J. LENHIAN  4100 MEDICAL PARKWAY  CARROLLTON TX 75007		BOISE ID 83 USA	921 S ORCHARD ST STE G BOISE ID 83706 USA  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER PRESIDENT DIRECTOR	THOMAS J. THOMAS J. THOMAS J	LENHIAN	4100 MEDICAL PARKWAY 4100 MEDICAL PARKWAY 4100 MEDICAL PARKWAY	CARROLLTON CARROLLTON CARROLLTON	TX TX TX	USA USA USA	75007 75007 75007	
SECRETARY DIRECTOR	PHILIP K MUNSON PHILIP K MUNSON		4100 MEDICAL PARKWAY 4100 MEDICAL PARKWAY	CARROLLTON CARROLLTON	TX TX	USA USA	75007 75007 75007	
5. Organized Under the Laws of:		6. Annual Repor						
MN C 195436		Signature: Th		Date: 07/30/2014				
		Name (type or print): Thomas J. Lenhian			Title: President			
Processed 07/30/2014	* Electronically provided signatures are accepted as original signatures.							