

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004172

FILED
Apr 27, 2009
Secretary of State

Entity Name: NOVUS INSURANCE COMPANY (RISK RETENTION GROUP)

Current Principal Place of Business:

C/O HSBC/INSURANCE MGT (USA)
1180 SAM RITTENBERG BLVD. SUITE 235
CHARLESTON, SC 29407

New Principal Place of Business:

Current Mailing Address:

C/O HSBC/INSURANCE MGT (USA)
1180 SAM RITTENBERG BLVD. SUITE 235
CHARLESTON, SC 29407

New Mailing Address:

FEI Number: 56-2512233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SWEET, WILLIAM A M.D.
Address: 1730 READING BLVD.
City-St-Zip: WYOMISSING, PA 19610

Title: ST () Delete
Name: BAKER, JOHN W M.D.
Address: 1 LILE COURT, SUITE 103
City-St-Zip: LITTLE ROCK, AR 72205

Title: D () Delete
Name: BYRNE, T. KARL M.D.
Address: 96 JONATHAN LUCAS STREET
City-St-Zip: CHARLESTON, SC 29425

Title: D () Delete
Name: LEPOR, PETER C M.D.
Address: 11160 WARNER AVE SUITE 421
City-St-Zip: FOUNTAIN VALLEY, CA 92708

Title: D () Delete
Name: HUTCHER, NEIL E M.D.
Address: 5855 BREMO ROAD, SUITE 506
City-St-Zip: RICHMOND, VA 23226

Title: D () Delete
Name: JONES, KENNETH B M.D.
Address: 1801 FAIRFIELD, SUITE 408
City-St-Zip: SHREVEPORT, LA 71101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: WILLIAM A. SWEET, M.D.

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date