

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2010
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
Name: SWEET, WILLIAM A M.D.
Address: 1730 READING BLVD.
City-St-Zip: WYOMISSING, PA 19610

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

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

Title: D
Name: LEPORT, PETER C M.D.
Address: 18111 BROOKHURST ST. SUITE 5600
City-St-Zip: FOUNTAIN VALLEY, CA 92708

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

Title: D
Name: JONES, KENNETH B M.D.
Address: 949 OLIVE STREET
City-St-Zip: SHREVEPORT, LA 71104

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: WILLIAM A. SWEET, M.D.

PD

04/06/2010

Electronic Signature of Signing Officer or Director

Date