

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90256 004 ***150.00

DOCUMENT # F05000004172

1. Entity Name
NOVUS INSURANCE COMPANY (RISK RETENTION GROUP)



Principal Place of Business
C/O HSBC/ANN WEST
1836 ASHLEY RIVER ROAD, SUITE O
CHARLESTON, SC 29407

Mailing Address
C/O HSBC/ANN WEST
1836 ASHLEY RIVER ROAD, SUITE O
CHARLESTON, SC 29407

50018997



DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

** see attached*

4. FEI Number ~~20-2704973~~ *56-2512233* Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SWEET, WILLIAM A M.D.
STREET ADDRESS	1730 READING BLVD.
CITY - ST - ZIP	WYOMISSING, PA 19610
TITLE	ST
NAME	BAKER, JOHN W M.D.
STREET ADDRESS	1 LILE COURT, SUITE 103
CITY - ST - ZIP	LITTLE ROCK, AR 72205
TITLE	D
NAME	BYRNE, T. KARL M.D.
STREET ADDRESS	96 JONATHAN LUCAS STREET
CITY - ST - ZIP	CHARLESTON, SC 29425
TITLE	D
NAME	COWAN, GEORGE S JR., MD
STREET ADDRESS	1835 FORREST AVE.
CITY - ST - ZIP	MEMPHIS, TN 381125010
TITLE	D
NAME	HUTCHER, NEIL E M.D.
STREET ADDRESS	5855 BREMO ROAD, SUITE 506
CITY - ST - ZIP	RICHMOND, VA 23226
TITLE	D
NAME	JONES, KENNETH B M.D.
STREET ADDRESS	1801 FAIRFIELD, SUITE 408
CITY - ST - ZIP	SHREVEPORT, LA 71101

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.


SIGNATURE: _____

William A. Sweet, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06
Date

610-376-1750
Daytime Phone #

ATTACHMENT

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

50018997
#FB5888004172

Date of this notice: 05-11-2005

Employer Identification Number:
56-2512233

Form: SS-4

Number of this notice: CP 575 A

NOVUS INSURANCE COMPANY RISK
RETENTION GROUP
1836 ASHLEY RIVER RD STE 0
CHARLESTON SC 29401

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 56-2512233. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1120

03/15/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at www.irs.gov.

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)