


FILED
Aug 17, 2007 8:00 am
Secretary of State

07-11-2007 90073 044 ***550.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F05000004172

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



Principal Place of Business Mailing Address

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



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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	XXXXXX Peter C. Leport, D.D.
NAME	XXXXXXXXXXXXXXXXXXXX
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX 11160 Warner Ave.
CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX Suite 421
	Fountain Valley,
	CA, 92708
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 7/6/07 610-376-1750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deleters Phone #



ATTACHMENT

66021050

August 13, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: F0500004172 – Novus Insurance Company (Risk Retention Group)
Annual Report/uniform business report (amended)

I am in receipt of your letter dated July 17, 2007 which I have enclosed a copy for your records.

Please see Attachment A to this letter. Please let me know if you need any further information.

Warmest Regards,

A handwritten signature in black ink, appearing to read "Theresa E. Higgins".

Theresa Eileen Higgins
Account Manager

Enclosure(s): 2



NOVUS
Insurance Company

ATTACHMENT Risk Retention Group

ATTACHMENT 66021050

F05000004172

Officers & Directors for Novus Insurance Company (Risk Retention Group)

1. William A. Sweet, M.D.
1730 Reading Blvd.
Wyomissing, PA 19610
Current Title(s): President & Director
2. John W. Baker, M.D.
1 Lile Court, Suite 103
Little Rock, AR 72205
Current Title(s): Secretary, Treasurer & Director
3. T. Karl Byrne, M.D.
96 Jonathan Lucas Street
Charleston, SC 29425
Current Title: Resident Director
4. Peter C. Leport, M.D.
11160 Warner Avenue, Suite 421
Fountain Valley, CA 92708
Current Title: Director
5. Neil E. Hutcher, M.D.
5855 Bremo Road, Suite 506
Richmond, VA 23226
Current Title: Director
6. Kenneth B. Jones, M.D.
1801 Fairfield, Suite 408
Shreveport, LA 71101
Current Title: Director

HSBC INSURANCE MANAGEMENT

1180 Sam Rittenberg Blvd., Suite 235 • Charleston, SC 29407 • (843) 573-4676