


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90191 023 \*\*\*150.00

**DOCUMENT # F05000004172**

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



Principal Place of Business <b>C/O HSBC/INSURANCE MGT (USA)          1180 SAM RITTENBERG BLVD. SUITE 235          CHARLESTON, SC 29407</b>	Mailing Address <b>C/O HSBC/INSURANCE MGT (USA)          1180 SAM RITTENBERG BLVD. SUITE 235          CHARLESTON, SC 29407</b>
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**66009447**



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2512233</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWEET, WILLIAM A M.D. 1730 READING BLVD. WYOMISSING, PA 19610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAKER, JOHN W M.D. 1 LILE COURT, SUITE 103 LITTLE ROCK, AR 72205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNE, T. KARL M.D. 96 JONATHAN LUCAS STREET CHARLESTON, SC 29425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEPORT, PETER C M.D. 11160 WARNER AVE SUITE 421 FOUNTAIN VALLEY, CA 92708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHER, NEIL E M.D. 5855 BREMO ROAD, SUITE 506 RICHMOND, VA 23226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, KENNETH B M.D. 1801 FAIRFIELD, SUITE 408 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, MO **4/30/2008** **610-376-1750**

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