

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004172

FILED
Apr 25, 2012
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:

KANE (USA) INC.
1180 SAM RITTENBERG BLVD. SUITE 235
CHARLESTON, SC 29407

Current Mailing Address:

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

New Mailing Address:

KANE (USA) INC.
1180 SAM RITTENBERG BLVD. SUITE 235
CHARLESTON, SC 29407

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

OFFICERS AND DIRECTORS:

Title: PD
Name: SIDOROV, JAAN E M.D.
Address: 413 VILLAGE WAY
City-St-Zip: HARRISBURG, PA 17112

Title: SD
Name: FRIERS, TIMOTHY J
Address: 1700 BENT CREEK BLVD
City-St-Zip: MECHANICSBURG, PA 17055

Title: T
Name: MEISEL, DENNIS A
Address: 1700 BENT CREEK BLVD.
City-St-Zip: MECHANICSBURG, PA 17055

Title: D
Name: DUNCAN, TITUS D M.D.
Address: 4200 NORTHSIDE PKWY
City-St-Zip: ATLANTA, GA 30327

Title: D
Name: ROSLIN, MITCHELL S M.D.
Address: 186 EAST 76TH STREET, 1ST FLOOR
City-St-Zip: NEW YORK, NY 10021

Title: D
Name: BYRNE, T. KARL
Address: 25 COURTNENAY DRIVE, SUITE 7100A, MSC 290
City-St-Zip: CHARLESTON, SC 29425

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: DENNIS A. MEISEL

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04/25/2012

Electronic Signature of Signing Officer or Director

_____ Date