

F05 000004172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

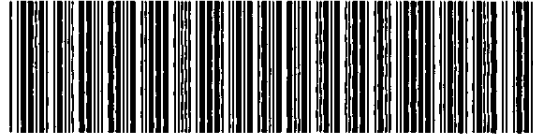
(Document Number)

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*per K.G. file. on 9/27*

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*NC 9/27/12*  
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12 SEP 26 PM 2:04  
STATE OF FLORIDA  
TALLAHASSEE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Novus Insurance Company (Risk Retention Group)  
Name of Corporation

**DOCUMENT NUMBER:** F05000004172

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Forney  
Name of Contact Person

Kane (USA) Inc.  
Firm/Company

1180 Sam Rittenberg Blvd., Suite 235  
Address

Charleston, SC 29407  
City/State and Zip Code

ann.west@kane-group.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Forney at ( 843 ) 573-4834  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee       \$43.75 Filing Fee & Certificate of Status       \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)       \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2012

ELIZABETH FORNEY  
1180 SAM RITTENBERG BLVD., STE 235  
CHARLESTON, SC 29407

SUBJECT: NOVUS INSURANCE COMPANY (RISK RETENTION GROUP)  
Ref. Number: F05000004172

We have received your document for NOVUS INSURANCE COMPANY (RISK RETENTION GROUP) and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 712A00018453



September 24, 2012

Carol Mustain  
Regulatory Specialist II  
Florida Department of State – Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SUBJECT: NOVUS INSURANCE COMPANY (RISK RETENTION GROUP) Name Change

Ref. Number: F05000004172

Dear Carol Mustain:

I have followed up to your letter with a call to the Division of Corporations and spoke with an individual who instructed me to, in order to satisfy the request you made in your letter, submit proof in the form of a certificate or certificates noting the name change has been certified in the state of domicile, which in this case is South Carolina. I have included as attachments to this letter the original Certificate of Authority (for Novus) issued by South Carolina on June 20, 2005, as well as the Certificate of Authority (for Healthcare Safety & Protection) issued by South Carolina on July 14, 2011. As I've highlighted on each, the Company Code of 165454 is the same on each document, noting that the underlying corporation is in fact the same. There only has been a name change and Healthcare Safety & Protection Risk Retention Group, Inc. is fully authorized to transact business from South Carolina. Please contact me directly if you wish to discuss this matter further or have any questions. Thank you so much for your help in resolving this matter.

Best regards,

A handwritten signature in black ink, appearing to read "Miles J. Hopkins".

Miles J. Hopkins, CPA  
Senior Account Manager  
Kane (USA), Inc.  
1180 Sam Rittenberg Blvd., Suite #235  
Charleston, SC 29407  
(843) 573-4834

**Kane (USA), Inc.**  
1180 Sam Rittenberg Blvd., Suite 235  
Charleston, SC 29407  
USA

T +1 843 573 4814  
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E [info@kane-group.com](mailto:info@kane-group.com)  
W [www.kane-group.com](http://www.kane-group.com)

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F05000004172

(Document number of corporation (if known))

1. Novus Insurance Company (Risk Retention Group)  
(Name of corporation as it appears on the records of the Department of State)
2. South Carolina 3. June 29, 2005  
(Incorporated under laws of) (Date authorized to do business in Florida)

FILED  
12 SEP 26 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? July 19, 2011

5. Healthcare Safety & Protection Risk Retention Group, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

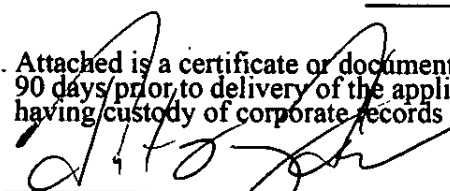
6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

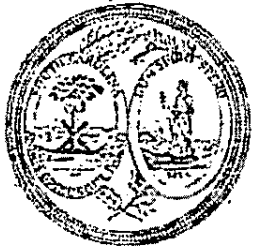
\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Timothy J. Friers  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)



**South Carolina  
Department of Insurance**

**MARK SANFORD**  
Governor

**ELEANOR KITZMAN**  
Director of Insurance

**Certificate of Authority**

**Company Code:** 165454

**License Effective Date:** 06/20/2005

**Company Type:** Industrial Insured Captive (Stock)

**State of Domicile:** SC

**NOVUS INSURANCE COMPANY (RISK RETENTION GROUP)  
Charleston, SC**

The Director of Insurance of this State does hereby certify that the above named insurance company has complied with the requirements of the insurance laws of this State, and is hereby authorized subject to the provisions thereof and of the charter powers of said company.

This Certificate shall remain in effect for an indefinite term unless said authority is amended or revoked in accordance with law or surrendered upon voluntary withdrawal from this State.

In testimony whereof, I hereto subscribe my name and affix the seal of my office at Columbia, South Carolina this 20th day of June, 2005.

A handwritten signature in cursive script, reading "Eleanor Kitzman", written over a horizontal line.

**Director of Insurance**



**South Carolina  
Department of Insurance**

**NIKKI R. HALEY**  
Governor

**DAVID BLACK**  
Director of Insurance

**Certificate of Authority**

**Company Code:** 165454

**License Effective Date:** 07/14/2011

**Company Type:** Industrial Insured Captive (Stock)

**State of Domicile:** SC

HEALTHCARE SAFETY & PROTECTION RISK RETENTION GROUP, INC.  
Charleston, SC

The Director of Insurance of this State does hereby certify that the above named insurance company has complied with the requirements of the insurance laws of this State, and is hereby authorized subject to the provisions thereof and of the charter powers of said company.

This Certificate shall remain in effect for an indefinite term unless said authority is amended or revoked in accordance with law or surrendered upon voluntary withdrawal from this State.

In testimony whereof, I hereto subscribe my name and affix the seal of my office at Columbia, South Carolina this 8th day of August, 2011.

A handwritten signature in black ink, appearing to read "D. Black", written over a horizontal line.

**Director of Insurance**