

1.) CORPORATION NAME:

DUE DATE: **8/31/2011**

COMMUNITY ASSOCIATION UNDERWRITERS OF AMERICA, INC.

SCC ID NO: **F1265208**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI BLUMBERG EXCELSIOR CORPORATE SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA 23111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	600

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 CAUFIELD PLACE

CITY/ST/ZIP: NEWTOWN, PA 18940-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARK E BLASCH TITLE: PRESIDENT ADDRESS: 2 CAUFIELD PLACE CITY/ST/ZIP/CO: NEWTOWN, PA 18940-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY CANNAN TITLE: VICE PRESIDENT ADDRESS: 40 LAKE BELLEVUE STE 100 CITY/ST/ZIP/CO: BELLEVUE, WA 18005-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARIANNE HEINEMAN TITLE: VICE PRESIDENT ADDRESS: 2 CAUFIELD PLACE CITY/ST/ZIP/CO: NEWTOWN, PA 18940-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LORI A LONG TITLE: VICE PRESIDENT ADDRESS: 2 CAUFIELD PLACE CITY/ST/ZIP/CO: NEWTOWN, PA 18940-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL MCLAUGHLIN TITLE: VICE PRESIDENT ADDRESS: 2 CAUFIELD PLACE CITY/ST/ZIP/CO: NEWTOWN, PA 18940-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: BARBARA BLASCH TITLE: S/CON ADDRESS: 2 CAUFIELD PL CITY/ST/ZIP/CO: NEWTOWN, PA 18940-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JEAN J COLLINS TITLE: ASST SECRETARY ADDRESS: 2 CAUFIELD PLACE CITY/ST/ZIP/CO: NEWTOWN, PA 18940-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LAURA HINSON TITLE: DIRECTOR ADDRESS: 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RODNEY F JAMES TITLE: DIRECTOR ADDRESS: 2 CAUFIELD PLACE CITY/ST/ZIP/CO: NEWTOWN, PA 18940-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANTHONY C MAXWELL TITLE: DIRECTOR ADDRESS: 2 CAUFIELD PLACE CITY/ST/ZIP/CO: NEWTOWN, PA 18940-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: FRANK O'HALLORAN TITLE: DIRECTOR ADDRESS: 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN RUMPLER TITLE: DIRECTOR ADDRESS: 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ JEAN J COLLINS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEAN J COLLINS, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
8/16/2011 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	