

1.) CORPORATION NAME:

**NATIONAL MARINE UNDERWRITERS, INC.**

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**JOHN V ROBINSON**

**7102 THREE CHOPT RD**

**RICHMOND, VA 23226**

SCC ID NO: **F1447004**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 201 DEFENSE HWY  
STE 205

CITY/ST/ZIP: ANNAPOLIS, MD 21401-

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: JOHN D BEACHLEY  
TITLE: PRESIDENT  
ADDRESS: 201 DEFENSE HWY  
STE 205  
CITY/ST/ZIP/CO: ANNAPOLIS, MD 21401-

OFFICER

DIRECTOR

NAME: PATRICIA GOODCHILD  
TITLE: VP/AS  
ADDRESS: 201 DEFENSE HWY  
STE 205  
CITY/ST/ZIP/CO: ANNAPOLIS, MD 21401-

OFFICER

DIRECTOR

NAME: ERIN RICE  
TITLE: VP/AT  
ADDRESS: 201 DEFENSE HWY  
STE 205  
CITY/ST/ZIP/CO: ANNAPOLIS, MD 21401-

OFFICER

DIRECTOR

NAME: ROBERT C GALLAGHER  
TITLE: COA  
ADDRESS: 77 WATER ST 17TH FLOOR  
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME: TODD C MILLS  
TITLE: TREASURER  
ADDRESS: 150 ROYALL ST  
CITY/ST/ZIP/CO: CANTON, MA 02021-1030

OFFICER

DIRECTOR

NAME: DAVID B DEMBO TITLE: DIRECTOR ADDRESS: 1027 S STERLING AVE CITY/ST/ZIP/CO: TAMPA, FL 33629-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS F GEORGIANNA TITLE: DIRECTOR ADDRESS: 77 WATER ST 17TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GREGORY M GUTCHIGIAN TITLE: DIRECTOR ADDRESS: 77 WATER ST 17TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRADFORD W RICH TITLE: VICE PRESIDENT ADDRESS: 150 ROYALL ST CITY/ST/ZIP/CO: CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DENNIS R SMITH TITLE: SECRETARY ADDRESS: 150 ROYALL ST CITY/ST/ZIP/CO: CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOAN K GEDDES TITLE: ASST SECRETARY ADDRESS: 150 ROYALL ST CITY/ST/ZIP/CO: CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID G CLANCY TITLE: ASST TREASURER ADDRESS: 150 ROYALL ST CITY/ST/ZIP/CO: CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER <input 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.		
<u>/s/ DENNIS R SMITH</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DENNIS R SMITH, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>10/4/2011</u> 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.		