

1.) CORPORATION NAME:

NATIONAL MARINE UNDERWRITERS, INC.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	201 DEFENSE HWY STE 205 ANNAPOLIS, MD 21401		
CITY/ST/ZIP/CO:			
NAME:	PATRICIA GOODCHILD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/AS		
ADDRESS:	201 DEFENSE HWY STE 205 ANNAPOLIS, MD 21401		
CITY/ST/ZIP/CO:			
NAME:	BRADFORD W RICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	150 ROYALL ST CANTON, MA 02021		
CITY/ST/ZIP/CO:			
NAME:	JOAN K GEDDES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	150 ROYALL ST CANTON, MA 02021		
CITY/ST/ZIP/CO:			
NAME:	TODD C MILLS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	150 ROYALL ST CANTON, MA 02021-1030		
CITY/ST/ZIP/CO:			
NAME:	DAVID G CLANCY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	150 ROYALL ST CANTON, MA 02021		
CITY/ST/ZIP/CO:			

NAME: ROBERT C GALLAGHER TITLE: CHAIRMAN ADDRESS: 77 WATER ST 17TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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 CITY/ST/ZIP/CO: 17TH FL NEW YORK, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VIRGINIA A MCCARTHY TITLE: SECRETARY ADDRESS: 150 ROYALL ST CITY/ST/ZIP/CO: CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MAUREEN A PHILLIPS TITLE: VICE PRESIDENT ADDRESS: 601 CARLSON PARKWAY CITY/ST/ZIP/CO: SUITE 600 MINNETONKA, MN 55305	<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.		
/s/ VIRGINIA AMCCARTHY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VIRGINIA AMCCARTHY, PRINTED NAME AND CORPORATE TITLE	10/5/2012 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.		