

1.) CORPORATION NAME:

NATIONAL MARINE UNDERWRITERS, INC.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN V ROBINSON
7102 THREE CHOPT RD
RICHMOND, VA**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN D BEACHLEY	
TITLE:	PRESIDENT	
ADDRESS:	201 DEFENSE HWY	
	STE 205	
CITY/ST/ZIP/CO:	ANNAPOLIS, MD 21401	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICIA GOODCHILD	
TITLE:	VP/AS	
ADDRESS:	201 DEFENSE HWY	
	STE 205	
CITY/ST/ZIP/CO:	ANNAPOLIS, MD 21401	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MAUREEN A PHILLIPS	
TITLE:	VICE PRESIDENT	
ADDRESS:	601 CARLSON PARKWAY	
	SUITE 600	
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305	

	<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 checked="" type="checkbox"/> DIRECTOR
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 type="checkbox"/> DIRECTOR
NAME:	JOAN K GEDDES	
TITLE:	ASST SECRETARY	
ADDRESS:	150 ROYALL ST	
CITY/ST/ZIP/CO:	CANTON, MA 02021	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIRGINIA A MCCARTHY SECRETARY 150 ROYALL ST CANTON, MA 02021	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID B DEMBO DIRECTOR 1027 S STERLING AVE TAMPA, FL 33629	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS F GEORGIANNA DIRECTOR 77 WATER ST 17TH FL NEW YORK, NY 10005	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C TREACY TREASURER 601 CARLSON PARKWAY 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 A MCCARTHY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VIRGINIA A MCCARTHY, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/12/2013 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.					