

1.) CORPORATION NAME:

**NATIONAL MARINE UNDERWRITERS, INC.**

DUE DATE: **11/30/2014**

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 type="checkbox"/> DIRECTOR
NAME:	JOHN C TREACY	
TITLE:	TREASURER	
ADDRESS:	601 CARLSON PARKWAY	
	SUITE 600	
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305	

	<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	

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: 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: 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	
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	10/9/2014 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.		