

1.) CORPORATION NAME:

Capital Professional Insurance Managers, Inc.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1747346**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7501 WISCONSIN AVE STE 1500E

CITY/ST/ZIP: BETHESDA, MD 20814

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.

<p>NAME: RICHARD CURD TITLE: VICE PRESIDENT ADDRESS: 7501 WISCONSIN AVE STE 1500E CITY/ST/ZIP/CO: BETHESDA, MD 20814</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BURKE F HAYES TITLE: PRESIDENT ADDRESS: 7501 WISCONSIN AVE STE 1500 CITY/ST/ZIP/CO: BETHESDA, MD 20814</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: THOMAS H MCCORMICK TITLE: DIRECTOR ADDRESS: 7501 WISCONSIN AVE STE 1500 CITY/ST/ZIP/CO: BETHESDA, MD 20814</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Jessica L. Parker TITLE: DIRECTOR ADDRESS: 7501 Wisconsin Avenue Suite 1500 E Bethesda, MD 20814</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Joel A. Friedman TITLE: TREASURER ADDRESS: 7501 Wisconsin Avenue Suite 1500 E Bethesda, MD 20814</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Merle F. Sustersich TITLE: SECRETARY ADDRESS: 7501 Wisconsin Avenue Suite 1500 E Bethesda, MD 20814</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	Vicki Crowe	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7501 Wisconsin Avenue		
	Suite 1500 E		
CITY/ST/ZIP/CO:	Bethesda, MD 20814		

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/ Merle F.Sustersich	Merle F.Sustersich,	3/12/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.