

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P24431

**Entity Name:** NATIONAL MARINE UNDERWRITERS, INC.**Current Principal Place of Business:**888 BESTGATE RD.  
SUITE 105  
ANNAPOLIS, MD 21401**Current Mailing Address:**888 BESTGATE RD.  
SUITE 105  
ANNAPOLIS, MD 21401 US**FEI Number:** 52-1337983**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title        PRESIDENT, DIRECTOR  
Name        BEACHLEY, JOHN D  
Address     888 BESTGATE ROAD  
              SUITE 105  
City-State-Zip: ANNAPOLIS MD 21401

Title        TREASURER  
Name        TREACY, JOHN C  
Address     605 HIGHWAY 169 NORTH  
              800  
City-State-Zip: PLYMOUTH MN 55441

Title        CHAIRMAN, DIRECTOR  
Name        GALLAGHER, ROBERT C  
Address     ONE STATE STREET PLAZA  
              FLOOR 31  
City-State-Zip: NEW YORK NY 10004

Title        SECRETARY  
Name        BARROW, KARA L.B.  
Address     605 HIGHWAY 169 NORTH  
              800  
City-State-Zip: PLYMOUTH MN 55441

Title        DIRECTOR  
Name        GEORGIANNA, THOMAS F  
Address     ONE STATE STREET PLAZA  
              FLOOR 31  
City-State-Zip: NEW YORK NY 10004

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KARA L.B. BARROW**SECRETARY****01/15/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date