



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000127642

2. Name of Corporation ATLANTIC RISK MANAGEMENT CORPORATION

3. Street Address Principal Business Office:

No. and Street: 5850 WATERLOO ROAD, SUITE 240

City or Town: COLUMBIA

State: MD Zip: 21045 Country: USA

4. Business Phone No.

4104804400

5. State of Incorporation

State: MD

6. Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE AGENCY AND BROKERAGE

7. Names and Addresses of the Officers and Directors:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARY ANN T. MARBURY	134 MARKET STREET ANNAPOLIS, MD 21401 USA
CEO	BRADLEY T. SENN	3326 SANG ROAD GLENWOOD, MD 21738 USA
CHAIRMAN	PETER J. MARCELLI	15276 CALLAWAY COURT GLENWOOD, MD 21738 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.00	1,000.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 16 Day of January, 2009 at 7:53:47 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHELLE STOCKMAN
Signature of Authorized Representative of the Corporation

BOOKKEEPER
Title

Form No. 630
Revised 09/07

© 2007 - 2009 State of Rhode Island and Providence Plantations
All Rights Reserved