

SCC eFile  
(6/10)

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212509171

1.) CORPORATION NAME:

**ACCREDITED SURETY AND CASUALTY COMPANY, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**MARIA M KEAR**

**10605 JUDICIAL DR A-2**

**FAIRFAX, VA 22030-5167**

DUE DATE: **3/31/2012**

SCC ID NO: **F0302994**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX CITY (FILED IN FAIRFAX COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4798 NEW BROAD STREET  
SUITE 200

CITY/ST/ZIP: ORLANDO, FL 32814-

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:	DEBORAH JALLAD			
TITLE:	PRESIDENT			
ADDRESS:	PO BOX 140855			
CITY/ST/ZIP/CO:	ORLANDO, FL 32814-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	F I HUGHES			
TITLE:	DIRECTOR			
ADDRESS:	PO BOX 140855			
CITY/ST/ZIP/CO:	ORLANDO, FL 32814-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DENNIS KUBIT			
TITLE:	DIRECTOR			
ADDRESS:	PO BOX 140855			
CITY/ST/ZIP/CO:	ORLANDO, FL 32814-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	FREDERIC MARRO			
TITLE:	DIRECTOR			
ADDRESS:	PO BOX 140855			
CITY/ST/ZIP/CO:	ORLANDO, FL 32814-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MARNEY N EMEL			
TITLE:	TREASURER			
ADDRESS:	PO BOX 140855			
CITY/ST/ZIP/CO:	ORLANDO, FL 32814-			

NAME: SHARON S JALLAD TITLE: SECRETARY ADDRESS: PO BOX 140855 CITY/ST/ZIP/CO: ORLANDO, FL 32814-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RUSELL G. NEWMAN TITLE: VICE PRESIDENT ADDRESS: PO BOX 140855 CITY/ST/ZIP/CO: ORLANDO, FL 32814-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ALBERT J COMPOFIORE TITLE: VICE PRESIDENT ADDRESS: PO BOX 140855 CITY/ST/ZIP/CO: ORLANDO, FL 32814-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ DEBORAH JALLAD	DEBORAH JALLAD, PRESIDENT	3/15/2012
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.