

1.) CORPORATION NAME:

United States Surety Company

DUE DATE: **10/29/2010**

SCC ID NO: **F1603069**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

201 N. UNION ST. STE 140

ALEXANDRIA, VA 22314

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	7,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20 W AYLESBURY ROAD

CITY/ST/ZIP: TIMONIUM, MD 21093-

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.

NAME: RICHARD E KLEIN
TITLE: PRESIDENT
ADDRESS: 20 WEST AYLESBURY RD
CITY/ST/ZIP/CO: TIMONIUM, MD 21093-

OFFICER

DIRECTOR

NAME: PETER W. CARMAN
TITLE: SVP & CFO
ADDRESS: 20 W. AYLESBURY ROAD
CITY/ST/ZIP/CO: TIMONIUM, MD 21093-

OFFICER

DIRECTOR

NAME: MICHAEL J. DONOVAN
TITLE: DIRECTOR
ADDRESS: 13403 NORTHWEST FREEWAY
CITY/ST/ZIP/CO: HOUSTON, TX 77040-

OFFICER

DIRECTOR

NAME: JOHN N. MOLBECK, JR.
TITLE: Exec VP
ADDRESS: 13403 NORTHWEST FREEWAY
CITY/ST/ZIP/CO: HOUSTON, TX 77040-

OFFICER

DIRECTOR

NAME: CORY L. MOULTON
TITLE: DIRECTOR
ADDRESS: 13403 NORTHWEST FREEWAY
CITY/ST/ZIP/CO: HOUSTON, TX 77040-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAMELA J. PENNY DIRECTOR 13403 NORTHWEST FREEWAY HOUSTON, TX 77040-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J. SCHELL DIRECTOR 13403 NORTHWEST FREEWAY HOUSTON, TX 77040-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY D. RINICELLA SECRETARY 13403 NORTHWEST FREEWAY HOUSTON, TX 77040-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ADAM S. PESSIN SVP 601 SO. FIGUEROA ST. LOS ANGELES, CA 90017-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL AGUILAR VICE PRESIDENT 601 SO. FIGUEROA ST. LOS ANGELES, CA 90017-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON BROCK VICE PRESIDENT 13403 NORTHWEST FREEWAY HOUSTON, TX 77040-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK M. LANAK VICE PRESIDENT 601 SO. FIGUEROA ST. LOS ANGELES, CA 90017-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK M. MESTER VICE PRESIDENT 601 SO. FIGUEROA ST. LOS ANGELES, CA 90017-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SURAYA K. BERNARD VICE PRESIDENT 600 LEXINGTON AVE., 22ND FL. NEW YORK, NY 10022-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY D. GERBERICH VICE PRESIDENT 20 W. AYLESBURY ROAD TIMONIUM, MD 21093-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: WILLIAM H. SOHN TITLE: VICE PRESIDENT ADDRESS: 20 W. AYLESBURY ROAD CITY/ST/ZIP/CO: TIMONIUM, MD 21093-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GEOFFREY GEORGE LAKIS TITLE: VICE PRESIDENT ADDRESS: 20 W. AYLESBURY ROAD CITY/ST/ZIP/CO: TIMONIUM, MD 21093-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MATTHEW J. SEMARARO TITLE: VICE PRESIDENT ADDRESS: 401 EDGEWATER PLACE, STE. 400 CITY/ST/ZIP/CO: WAKEFIELD, MA 01880-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WILLIAM TOBIN WHAMOND TITLE: Exec VP ADDRESS: 13403 NORTHWEST FREEWAY CITY/ST/ZIP/CO: HOUSTON, TX 77040-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOYCELYN M. RAY TITLE: VP & AS ADDRESS: 13403 NORTHWEST FREEWAY CITY/ST/ZIP/CO: HOUSTON, TX 77040-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CAROL T. NEVIN TITLE: SVP & AS ADDRESS: 20 W. AYLESBURY ROAD CITY/ST/ZIP/CO: TIMONIUM, MD 21093-	<input checked="" type="checkbox"/> OFFICER <input 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/ PETER W. CARMAN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PETER W. CARMAN, SVP & CFO _____ PRINTED NAME AND CORPORATE TITLE
11/10/2010 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.	