

1.) CORPORATION NAME:

**Summit Reinsurance Services, Inc.**

DUE DATE: **8/31/2010**

SCC ID NO: **F1437799**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX ROAD SUITE 301**

**GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7030 POINTE INVERNESS WAY  
SUITE 350

CITY/ST/ZIP: FT WAYNE, IN 46804-

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:	MARK R TROUTMAN	
TITLE:	P/CEO	
ADDRESS:	11127 BITTERSWEET DELLS LN	
CITY/ST/ZIP/CO:	FT WAYNE, IN 46814-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JON C ANDERSON	
TITLE:	PRESIDENT	
ADDRESS:	15802 GUNNISON RIDGE	
CITY/ST/ZIP/CO:	HUNTERTOWN, IN 46748-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRIAN R FEHLHABER	
TITLE:	VICE PRESIDENT	
ADDRESS:	12309 MCKAYS POINTE	
CITY/ST/ZIP/CO:	FORT WAYNE, IN 46814-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRIAN D SHIVELY	
TITLE:	VICE PRESIDENT	
ADDRESS:	2877 W DOWELL RD	
CITY/ST/ZIP/CO:	COLUMBIA CITY, IN 46725-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	A LAWRENCE STICKELL	
TITLE:	VICE PRESIDENT	
ADDRESS:	3533 E 1200 N	
CITY/ST/ZIP/CO:	ROANOKE, IN 46783-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DUNCAN SCOTT MCINTOSH SECRETARY I-20 AT ALPINE ROAD COLUMBIA, SC 29219-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT ALAN LEITCHLE TREASURER I-20 AT ALPINE ROAD COLUMBIA, SC 29219-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY FRANKLIN HUTCHISON VICE PRESIDENT 7909 PARKLANE ROAD SUITE 200 COLUMBIA, SC 29223-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRESCOTT NEWTON HINTON, JR. CHAIRMAN 7909 PARKLANE ROAD SUITE 200 COLUMBIA, SC 29223-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDITH MONASTRA DAVIS DIRECTOR I-20 AT ALPINE ROAD COLUMBIA, SC 29219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KARK COLLINS KEMMERLIN DIRECTOR 7909 PARKLANE ROAD SUITE 200 COLUMBIA, SC 29223-	<input type="checkbox"/> OFFICER	<input checked="" 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/ MARK R TROUTMAN	MARK R TROUTMAN, P/CEO	10/4/2010	
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.			