

1.) CORPORATION NAME:

Summit Reinsurance Services, Inc.

DUE DATE: **8/31/2011**

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 checked="" type="checkbox"/>	DIRECTOR
NAME:	ROY FRANKLIN HUTCHISON			
TITLE:	VICE PRESIDENT			
ADDRESS:	7909 PARKLANE ROAD SUITE 200			
CITY/ST/ZIP/CO:	COLUMBIA, SC 29223-			

	<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 checked="" type="checkbox"/>	DIRECTOR
NAME:	DUNCAN SCOTT MCINTOSH			
TITLE:	SECRETARY			
ADDRESS:	I-20 AT ALPINE ROAD			
CITY/ST/ZIP/CO:	COLUMBIA, SC 29219-			

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
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRECOTT NEWTON HINTON, JR. CHAIRMAN 7909 PARKLANE ROAD SUITE 200 COLUMBIA, SC 29223-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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
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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
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN JOHN WOLFER VICE PRESIDENT 9487 CRESTRIDGE DR. FORT WAYNE, IN 46804-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON C ANDERSON VICE PRESIDENT 15802 GUNNISON RIDGE HUNTERTOWN, IN 46748-	<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.

<u>/s/ STEPHEN JOHN WOLFER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEPHEN JOHN WOLFER, VICE <u>PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>8/18/2011</u> DATE
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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.