

1.) CORPORATION NAME:

Summit Reinsurance Services, Inc.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD SUITE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1437799**

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:	7030 Pointe Inverness Way Suite 350	
CITY/ST/ZIP/CO:	FT WAYNE, IN 46804	

	<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:	JON C ANDERSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	7030 Pointe Inverness Way Suite 350	
CITY/ST/ZIP/CO:	Fort Wayne, IN 46804	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRIAN R FEHLHABER	
TITLE:	VICE PRESIDENT	
ADDRESS:	7030 Pointe Inverness Way Suite 350	
CITY/ST/ZIP/CO:	FORT WAYNE, IN 46804	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEPHEN JOHN WOLFER	
TITLE:	VICE PRESIDENT	
ADDRESS:	7030 Pointe Inverness Way Suite 350	
CITY/ST/ZIP/CO:	FORT WAYNE, IN 46804	

NAME: DUNCAN SCOTT MCINTOSH TITLE: SECRETARY ADDRESS: I-20 AT ALPINE ROAD CITY/ST/ZIP/CO: COLUMBIA, SC 29219	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TRESCOTT NEWTON HINTON, JR. TITLE: CHAIRMAN ADDRESS: 7909 PARKLANE ROAD CITY/ST/ZIP/CO: SUITE 200 COLUMBIA, SC 29223	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JUDITH MONASTRA DAVIS TITLE: DIRECTOR ADDRESS: I-20 AT ALPINE ROAD CITY/ST/ZIP/CO: COLUMBIA, SC 29219	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KARK COLLINS KEMMERLIN TITLE: DIRECTOR ADDRESS: 7909 PARKLANE ROAD CITY/ST/ZIP/CO: SUITE 200 COLUMBIA, SC 29223	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Michael John Mizeur TITLE: Treasurer ADDRESS: I-20 at Alpine Road CITY/ST/ZIP/CO: Columbia, SC 29219	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Gregory Gerald Demars TITLE: VICE PRESIDENT ADDRESS: 1700 Highway 36 W CITY/ST/ZIP/CO: Suite 580 Minneapolis, MN 55113	<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/ STEPHEN JOHN WOLFER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEPHEN JOHN WOLFER, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE
8/24/2012 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.	