

1.) CORPORATION NAME:

Summit Reinsurance Services, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

<p>NAME: MARK R TROUTMAN TITLE: P/CEO ADDRESS: 7030 POINTE INVERNESS WAY SUITE 350 CITY/ST/ZIP/CO: FT WAYNE, IN 46804</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: J Philip Gardham TITLE: VICE PRESIDENT ADDRESS: 7909 PARKLANE ROAD SUITE 200 CITY/ST/ZIP/CO: COLUMBIA, SC 29223</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JON C ANDERSON TITLE: VICE PRESIDENT ADDRESS: 7030 POINTE INVERNESS WAY SUITE 350 CITY/ST/ZIP/CO: FORT WAYNE, IN 46804</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GREGORY GERALD DEMARS TITLE: VICE PRESIDENT ADDRESS: 1700 HIGHWAY 36 W SUITE 580 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55113</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BRIAN R FEHLHABER TITLE: VICE PRESIDENT ADDRESS: 7030 POINTE INVERNESS WAY SUITE 350 CITY/ST/ZIP/CO: FORT WAYNE, IN 46804</p>	<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	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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 SUITE 200 CITY/ST/ZIP/CO: 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 SUITE 200 CITY/ST/ZIP/CO: COLUMBIA, SC 29223	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL JOHN MIZEUR TITLE: DIRECTOR ADDRESS: I-20 AT ALPINE ROAD CITY/ST/ZIP/CO: COLUMBIA, SC 29219	<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/ STEPHEN JOHN WOLFER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEPHEN JOHN WOLFER, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/23/2013 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.		