

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005099

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC2724691871**

**Entity Name:** SUMMIT AMERICA INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

9225 INDIAN CREEK PARKWAY  
STE. 700  
OVERLAND PARK, KS 66210

**Current Mailing Address:**

1277 TREAT BLVD. SUITE 400  
WALNUT CREEK, CA 94597 US

**FEI Number:** 27-2874018

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

3H AGENT SERVICES, INC.  
1415 PANTHER LN STE 327  
NAPLES, FL 34109 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER, EVP, CFO,  
COO  
Name PAGE, EDWARD NATHAN  
Address 1277 TREAT BLVD. SUITE 400  
City-State-Zip: WALNUT CREEK CA 94597

Title PRESIDENT, DIRECTOR, CEO, ASST.  
SECRETARY  
Name TATUM, JR., JOSEPH L.  
Address 1277 TREAT BLVD. SUITE 400  
City-State-Zip: WALNUT CREEK CA 94597

Title VP  
Name MARTIN, STEPHEN D.  
Address 1277 TREAT BLVD. SUITE 400  
City-State-Zip: WALNUT CREEK CA 94597

Title VP  
Name VARNI, KERI A.  
Address 1277 TREAT BLVD. SUITE 400  
City-State-Zip: WALNUT CREEK CA 94597

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: EDWARD NATHAN PAGE**

**SECRETARY**

**04/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date