

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003943

FILED
Apr 20, 2006
Secretary of State

Entity Name: SUMMIT REINSURANCE SERVICES, INC.

Current Principal Place of Business:

1502 MAGNAVOX WAY
SUITE 120
FORT WAYNE, IN 46804

New Principal Place of Business:

Current Mailing Address:

1502 MAGNAVOX WAY
SUITE 120
FORT WAYNE, IN 46804

New Mailing Address:

FEI Number: 35-2091145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TROUTMAN, MARK R
Address: 11127 BITTERSWEET DELLS LANE
City-St-Zip: FORT WAYNE, IN 46814

Title: VTD () Delete
Name: SHIVELY, BRIAN D
Address: 2877 W. DOWELL ROAD
City-St-Zip: COLUMBIA CITY, IN 46725

Title: VD () Delete
Name: FEHLHABER, BRIAN R
Address: 12309 MCKAY'S POINTE
City-St-Zip: FORT WAYNE, IN 46814

Title: VSD () Delete
Name: STICKELL, A. LAWRENCE
Address: 3533 EAST 1200 NORTH
City-St-Zip: ROANOKE, IN 46783

Title: D () Delete
Name: ANDERSON, JON C
Address: 11819 TILLBURY COVE
City-St-Zip: FORT WAYNE, IN 46845

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: STICKELL, ARTHUR L
Address: 3533 EAST 1200 NORTH
City-St-Zip: ROANOKE, IN 46783

Title: D (X) Change () Addition
Name: ANDERSON, JON C
Address: 15831 CANYON GLEN PARKWAY
City-St-Zip: FORT WAYNE, IN 46845

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN J. WOLFER

CFO

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date