

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003943

FILED
Apr 13, 2012
Secretary of State

Entity Name: SUMMIT REINSURANCE SERVICES, INC.

Current Principal Place of Business:

7030 POINTE INVERNESS WAY
SUITE 350
FORT WAYNE, IN 46804

New Principal Place of Business:

Current Mailing Address:

7030 POINTE INVERNESS WAY
SUITE 350
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:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

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

Title: T
Name: MIZEUR, MICHAEL J
Address: 822 AUTUMN CIRCLE
City-St-Zip: COLUMBIA, SC 29206

Title: VD
Name: HUTCHISON, ROY F
Address: 212 BITHYNIA CIRCLE
City-St-Zip: IRMO, SC 29063

Title: SD
Name: MCINTOSH, DUNCAN S
Address: 2859 GERVAIS ST.
City-St-Zip: COLUMBIA, SC 29204

Title: D
Name: HINTON, TRESCOTT N JR.
Address: 112 BASS POINT LANE
City-St-Zip: CHAPIN, SC 29036

Title: D
Name: DAVIS, JUDITH M
Address: 5123 LAKESHORE DRIVE
City-St-Zip: COLUMBIA, SC 29206

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: STEPHEN J WOLFER

VP

04/13/2012

Electronic Signature of Signing Officer or Director

Date