

2022 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 819105

Entity Name: AMERICAN SUMMIT INSURANCE COMPANY**Current Principal Place of Business:**325 N ST PAUL ST
SUITE 900
DALLAS, TX 75201**Current Mailing Address:**325 N ST PAUL ST
SUITE 900
DALLAS, TX 75201 US**FEI Number:** 41-0776214**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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:** CHIEF FINANCIAL OFFICER

04/18/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MCAULIFFE, TIM J JR.
Address	325 N ST PAUL ST SUITE 900
City-State-Zip:	DALLAS TX 75201

Title	DIRECTOR
Name	DUFFY, PATRICK JOSEPH
Address	325 N ST PAUL ST SUITE 900
City-State-Zip:	DALLAS TX 75201

Title	DIRECTOR
Name	GOODE, DOUGLAS EDWIN
Address	325 N ST PAUL ST SUITE 900
City-State-Zip:	DALLAS TX 75201

Title	DIRECTOR
Name	DISCH, JUSTIN RYAN
Address	325 N ST PAUL ST SUITE 900
City-State-Zip:	DALLAS TX 75201

Title	SECRETARY, DIRECTOR
Name	CASTLE, KRISTINA LYN
Address	325 N ST PAUL ST SUITE 900
City-State-Zip:	DALLAS TX 75201

Title	TREASURER
Name	WHITLEY, KRISTIN MICHELLE
Address	325 N ST PAUL ST SUITE 900
City-State-Zip:	DALLAS TX 75201

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: KRISTINA LYN CASTLE

SECRETARY

04/18/2022

Electronic Signature of Signing Officer/Director Detail

Date