

40 Winterberry Lane Wioreland Hills Ohio 44022

Facsimile: 440.248.6617

Telephone: 440.248.2117 July 20, 2000

Secretary of State of Florida Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

VIA PRIORITY MAIL

Re:

GMAC Insurance Online, Inc.

Application for Certificate of Authority

600003334336--3 -07/25/00--01017--012 ******78.75 ******78.75

Dear Sir of Madam:

We have been retained by GMAC Insurance Online, Inc. (the "Company"), a new Missouri domiciled company, to apply for certificate of authority in the State of Florida.

W-1901

At this time, we are writing to request a Certificate of Status for the Company. Enclosed, please find the following items:

- 1. Application by Foreign Corporation for Authorization to Transact Business in Florida
- 2. A Copy of Company's Certificate of Authority
- 3. A check in the amount of \$78.75 for filing fee and Certificate of Status

If you have any questions or concerns regarding this request, please do not hesitate to contact me at (440) 248-2117.



Secretary of State of Florida July 20, 2000 Page 2

Thank you for completing this request.

Sincerely,

J. LASH & COMPANY

Jodi G. Lash

JGL/ym

Enclosures

RECEIVED

AUG 0 3 2000



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 1, 2000

J. LASH & COMPANY 40 WINTERBERRY LANE MORELAND HILLS, OH 44022

SUBJECT: GMAC INSURANCE ONLINE, INC.

Ref. Number: W00000019015

We have received your document for GMAC INSURANCE ONLINE, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The certificate we require is issued by your Secretary of State, not by the Dept. of Insurance.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 900A00041505



Insurance and Regulatory Consulting

40 Winterberry Lane Moreland Hills Ohio 44022

Facsimile: 440.248.6617

Telephone: 440.248.2117

August 24, 2000

Mr. Lee Rivers
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE:

GMAC Insurance Online, Inc.

Ref. Number: W00000019015

Dear Mr. Rivers:

Pursuant to your letter of August 1, 2000, enclosed please find a certificate of good standing.

If you have any questions, please do not hesitate to contact me at (440) 248-2117.

Thank you.

Sincerely,

J. LASH & COMPANY

Íodi G. Lash

Enclosures

TRANSMITTAL LETTER

To: Qualification/ Division of C	Tax Lien Section orporations			
SUBJECT: GMAC	Insurance Online, Inc			
		oration - must include suffix	κ)	
Dear Sir or Madam:				
The enclosed "Applica" "Certificate of Existen transact business in Fl	ce", and check are submitte	n for Authorization to Trans d to register the above refere	act Business in Florida", enced foreign corporation to	
Please return all corres	pondence concerning this n	natter to the following:		
	Jodi G. Lash			
		ne of Person)		
	J. Lash & Compan	у		
	(Fin	n/Company)		
	40 Winterberry L	ane		
	(Address)		
	Moreland Hills,	Ohio 44022		
		y/State/Zip)	_	
	someone concerning this n	-		
Jodi Lash	at (440			
(Name of Pers	on) (A	Area Code & Daytime Tele _F	phone Number)	
STREET ADDRESS:		MAILING ADDRES	SS:	
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		Division of Corporation P.O. Box 6327	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for	the following amount:			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. GMAC II	nsurance Online, Inc.
(reame of co	Opporation: must include the word "INCORDOR ATTENT" (Co.)
natural perso	breviations of like import in language as will clearly indicate that it is a corporation instead of a
Pozoc	on or partnership if not so contained in the name at present.)
a	
2. <u>Missour</u>	3. <u>43–1886856</u>
(State of Cour	3. 43-1886856 (FEI number, if applicable)
4. <u>April 6</u>	
(1	2000 5. Perpetual Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A	(= mattern. Team corp. with cease to exist or "perpetual")
(Date fi	Ist transacted hysiness in Florida VCFF CDCTVOVA
· · · · · ·	irst transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7 Une Nat	ional General Plaza
Hazelwoo	od, Missouri 63045
	(Current mailing address)
	(
8. Licer	nse to transact insurance business
(Purpos	e(s) of corporation authorized in home state or country to be carried out in state of Florida)
	restance and it in it is state of country to be carried out in state of Florida)
9. Name and st	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	C T Corporation System
rvanie.	
Office Address:	1200 S. Pine Island Road
	Plantation
	Florida, 33324
	(Zip code)
10. Registered a	agent's acceptance:
	Some a accopiance.
Having been name	ed as registered agent and to accept service of process for the above stated corporation at the place designated, I hereby accept the appointment as registered agent and agree to a stated corporation at the place designated
n this application,	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to covisions of all statutes relative to the proper and complete a vector of the statutes relative to the proper and complete a vector of the statutes relative to the proper and complete a vector of the statutes relative to the proper and complete a vector of the statutes relative to the proper and complete a vector of the statutes relative to the proper and complete a vector of the statutes are stated as the statutes are stated as the statutes are stated as the stated
ind accept the obli	vovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with igations of my position as registered agent.
•	
	_ Jan Wyllert
	(Registered agent's signature) JOYCE & GILBERT ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

	and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FORS (Street address only - P.O. Box NOT acceptable)
	Gary Y. Kusumi
	13318 Fairfield Circle, Town & Country, MO 63017
Vice Chairn	nan: N/A
Address: _	
	Daniel C. Pickéns
Address: _	445 Fairhaven Road, Lewisville, NC 27023
	Bernard J. Buselmeier
Address: _	130 Wing Haven Circle, Winston-Salem, NC 27106
	CERS (Street address only - P.O. Box NOT acceptable)
President: _	Mitchell F. White 4171 McClatchey Circle, Atlanta, GA 30342
Vice Presid	lent: Scott F. Miller
Address: _	17656 Westhampton Wood Drive, Wildwood, MO
	Verne E. Purvines 16863 Chesterfield Blfs. Cir., Chesterfield, MO 63005
Treasurer:	Donald J. Bolar
Address:	345 Fox Ridge Circle, Lewisville, NC 27023
	If necessary, you may attack an addendum to the application listing additional officers and/or directors. SEE ATTACHED
13. Vern	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) ne E. Purvines, Secretary
14	(Typed or printed name and capacity of person signing application)

ADDENDUM TO QUESTION #12

Director:

Shawn D. Morris

Address:

420 Cardinal View Court, Grover, MO 63040

Director:

John C. Beattie

Address:

3116 Allerton Lake Dr., Winston-Salem, NC 27106

Director:

John Urankar

Address:

437 Pine Bend Dr., Wildwood, MO



Rebecca McDowell Cook Secretary of State

CORPORATION DIVISION

CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA McDOWELL COOK, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

GMAC INSURANCE ONLINE, INC.

was incorporated under the laws of this State on the 6th day of APRIL, 2000, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 16th day of AUGUST, 2000.

Secretary of State