2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90239 042 ***150.00

DOCUMENT # F03000001945

1. Entity Name
GMAC DIRECT INSURANCE COMPANY

14U11203

Principal Place of Business	Mailing Address
1 GMAC INSURANCE PLAZA HAZELWOOD, MO 63045	1 GMAC INSURANCE PLAZA HAZELWOOD, MO 63045

02032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 43-1898350 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO KUSUMI, GARY Y 1 GMAC INSURANCE PLAZA HAZELWOOD, MO 63045	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCEO ANDERSON, J. WILLIAM JR. 1 GMAC INSURANCE PLAZA HAZELWOOD, MO 63045	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Daniel C. Pickens 500 West Fifth Street Winston-Salem, NC 27152	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JAKUBOWSKI, KENNETH J 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD John C. Beattie 500 West Fifth Street Winston-Salem, NC 27152	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD POE, SHEENA E 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS PURVINES, VERNE E 1 GMAC INSURANCE PLAZA HAZELWOOD, MO 63045	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOLAR, DONALD J 500 WEST FIFTH STREET WINSTON-SALEM, NC 27152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheena Poe Sheena E. Poe 4/20/04 (336) 770-2675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #