

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001945

FILED
Apr 27, 2005
Secretary of State

Entity Name: GMAC DIRECT INSURANCE COMPANY

Current Principal Place of Business:

1 GMAC INSURANCE PLAZA
HAZELWOOD, MO 63045

New Principal Place of Business:

13736 RIVERPORT DRIVE
SUITE 700
MARYLAND HEIGHTS, MO 63043

Current Mailing Address:

1 GMAC INSURANCE PLAZA
HAZELWOOD, MO 63045

New Mailing Address:

500 WEST FIFTH STREET
WINSTON-SALEM, NC 27152

FEI Number: 43-1898350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: PCEO () Delete
Name: KUSUMI, GARY Y
Address: 1 GMAC INSURANCE PLAZA
City-St-Zip: HAZELWOOD, MO 63045

Title: VPD () Delete
Name: PICKENS, DANIEL C
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON SALEM, NC 27152

Title: VPD () Delete
Name: BEATTIE, JOHN C
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON-SALEM, NC 27152

Title: VSD () Delete
Name: POE, SHEENA E
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON-SALEM, NC 27152

Title: VAS () Delete
Name: PURVINES, VERNE E
Address: 1 GMAC INSURANCE PLAZA
City-St-Zip: HAZELWOOD, MO 63045

Title: T () Delete
Name: BOLAR, DONALD J
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON-SALEM, NC 27152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: KUSUMI, GARY Y
Address: 13736 RIVERPORT DRIVE, SUITE 700
City-St-Zip: MARYLAND HEIGHTS, MO 63043

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: VPD (X) Change () Addition
Name: EVANGELISTA, DANIEL J JR
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON-SALEM, NC 27152

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHEENA E. POE

DVS

04/27/2005

Electronic Signature of Signing Officer or Director

Date