2004 FOR PROFIT CORPORATION

Apr 28, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F03000003216 04-28-2004 90239 040 ***150.00 1. Entity Name GMAC INSURANCE COMPANY ONLINE, INC. Principal Place of Business Mailing Address 1 GMAC INSURANCE PLAZA 1 GMAC INSURANCE PLAZA HAZELWOOD, MO 63045 HAZELWOOD, MO 63045 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 02032004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4 FELNumber 43-1886856 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PCEO** TITLE ☐ Addition ☐ Channe Delete NAME KUSUMI, GARY Y NAME STREET ADDRESS 1 GMAC INSURANCE PLAZA STREET ADDRESS CITY-ST-71P HAZELWOOD, MO 63045 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE KUSUMI, GARY Y NAME STREET ADDRESS 1 GMAC INSURANCE PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAZELWOOD, MO 63045 ☐ Change VPD X Addition TITLE X Delete TITLE JAKUBOWSKI, KENNETH J NAME NAME John C. Beattie STREET ADDRESS 1 GMAC INSURANCE PLAZA STREET ADDRESS 500 West Fifth Street CITY-ST-ZIP CITY-ST-7IP HAZELWOOD, MO 63045 Winston-Salem, NC 27152 VSD ☐ Delete тпте ☐ Change ☐ Addition TITLE POE, SHEENA E STREET ADDRESS 500 W. FIFTH ST. STREET ADDRESS CITY-ST-ZIP WINSTON-SALEM, NC 27152 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE PURVINES, VERNE E NAME 1 GMAC INSURANCE PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAZELWOOD, MO 63045 CITY-ST-ZIP TITLE ☐ Delete TITI F Channe Addition PICKENS, DANIEL C NAME NAME STREET ADDRESS 500 W. FIFTH ST. STREET ADDRESS WINSTON-SALEM, NC 27152 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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

changed, or on an attachment with an address, with all other like empowered.