## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000003216

Entity Name: GMAC INSURANCE COMPANY ONLINE, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1 GMAC INSURANCE PLAZA HAZELWOOD, MO 63045				13736 RIVERPORT DRIVE SUITE 700 MARYLAND HEIGHTS, MO 63043		
Current Mailing Address:				New Mailing Address:		
1 GMAC INSURANCE PLAZA HAZELWOOD, MO 63045				500 WEST FIFTH STREET WINSTON-SALEM, NC 27152		
FEI Number: 43-1886856 FEI Number Applied For ( ) FEI N				umber Not Applicable ( ) Certificate of Status Desired ( )		
Name and	l Address of C	Current Registered Agent:		Name and	Address	of New Registered Agent:
P.O. BOX 200 E. GA TALLAHAS The above	SSEE, FL 323	3200 99 US	ourpose c	of changing i	ts registere	ed office or registered agent, or both,
SIGNATU						
Election Car		nic Signature of Registered Age g Trust Fund Contribution().	ent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PCEO ( KUSUMI, GARY 1 GMAC INSUF HAZELWOOD,	RANCE PLAZA		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition GARY Y FERPORT DRIVE, SUITE 700 D HEIGHTS, NC 63043
Title: Name: Address: City-St-Zip:	D ( ) KUSUMI, GARY 1 GMAC INSUF HAZELWOOD,	RANCE PLAZA		Title: Name: Address: City-St-Zip:	13736 RIV	(X) Change () Addition IER, BERNARD J 'ERPORT DRIVE, SUITE 700 D HEIGHTS, MO 63043
Title: Name: Address: City-St-Zip:	VPD ( JAKUBOWSKI, 500 WEST FIF WINSTON SAL	TH ST		Title: Name: Address: City-St-Zip:	VPD BEATTIE, 500 WEST WINSTON	
Title: Name: Address: City-St-Zip:	VSD ( POE, SHEENA 500 W. FIFTH : WINSTON-SAL	E		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VAS ( PURVINES, VE 1 GMAC INSUR HAZELWOOD,	RANCE PLAZA		Title: Name: Address: City-St-Zip:	13736 RIV	(X) Change()Addition ISTA, DANIEL J JR. IERPORT DRIVE, SUITE 700 D HEIGHTS, MO 63043
Title: Name: Address: City-St-Zip:	PICKENS, DAN 500 W. FIFTH			Title: Name: Address: City-St-Zip:		() Change () Addition

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