

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005257

FILED
Apr 18, 2011
Secretary of State

Entity Name: GMAC INSURANCE MANAGEMENT CORPORATION

Current Principal Place of Business:

500 WEST FIFTH STREET
WINSTON-SALEM, NC 27101

New Principal Place of Business:

Current Mailing Address:

500 WEST FIFTH STREET
WINSTON-SALEM, NC 27101

New Mailing Address:

FEI Number: 13-3559471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: C
Name: KARFUNKEL, MICHAEL
Address: 59 MAIDEN LANE
City-St-Zip: NEW YORK, NY 10038

Title: D
Name: KARFUNKEL, BARRY
Address: 59 MAIDEN LANE
City-St-Zip: NEW YORK, NY 10038

Title: D
Name: KARFUNKEL, ROBERT
Address: 59 MAIDEN LANE
City-St-Zip: NEW YORK, NY 10038

Title: P
Name: PENTIS, LAWRENCE R
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON-SALEM, NC 27101

Title: AS
Name: HUFFMAN, BARBARA C
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON-SALEM, NC 27101

Title: S
Name: HALSTEAD, STEPHEN P
Address: 500 WEST FIFTH STREET
City-St-Zip: WINSTON-SALEM, NC 27101

I hereby 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 all other like empowered.

SIGNATURE: BARBARA C HUFFMAN

AS

04/18/2011

Electronic Signature of Signing Officer or Director

Date