2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# M08000003341

Entity Name: GMACI INSURANCE AGENCY LLC

Current Principal Place of Business:

200 RENAISSANCE CENTER
9TH FLOOR
DETROIT, MI 48265

New Principal Place of Business:

300 GALLERIA OFFICENTRE
SUITE 200
SOUTHFIELD, MI 48034

Current Mailing Address:

200 RENAISSANCE CENTER
9TH FLOOR
DETROIT, MI 48265

New Mailing Address:

300 GALLERIA OFFICENTRE
SUITE 200
SOUTHFIELD, MI 48034

FEI Number: 26-2728388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GMACI HOLDINGS LLC,
Address: 200 RENAISSANCE CENTER - 9TH FLOOR
City-St-Zip: DETROIT, MI 48265

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KATHY BOYCE-ECKART MGR 03/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date