

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003341

FILED
Jan 06, 2011
Secretary of State

Entity Name: GMACI INSURANCE AGENCY LLC

Current Principal Place of Business:

300 GALLERIA OFFICENTRE
SUITE 200
SOUTHFIELD, MI 48034

New Principal Place of Business:

Current Mailing Address:

300 GALLERIA OFFICENTRE
SUITE 200
SOUTHFIELD, MI 48034

New Mailing Address:

FEI Number: 26-2728338

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: P
Name: VAN SWEARINGEN, CHARLES
Address: 300 GALLERIA OFFICENTRE SUITE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: AS
Name: DONNAY, ROBERT
Address: 300 GALLERIA OFFICENTRE SUITE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: T
Name: FOSTER, DAVID
Address: 200 RENAISSANCE CENTER
City-St-Zip: DETROIT, MI 48265

I hereby 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: ROBERT DONNAY

AS

01/06/2011

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