

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213538075

1.) CORPORATION NAME:

GMAC Insurance Online, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1482670**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 W 5TH ST

CITY/ST/ZIP: WINSTON SALEM, NC 27101

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	BYRON STORMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	500 WEST FIFTH STREET		
CITY/ST/ZIP/CO:	WINSTON-SALEM, NC 27101		

NAME:	BERTA CASTELLANO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 W FIFTH STREET		
CITY/ST/ZIP/CO:	WINSTON-SALEM, NC 27101		

NAME:	GEORGE HALL, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST FIFTH STREET		
CITY/ST/ZIP/CO:	WINSTON-SALEM, NC 27101		

NAME:	DONALD J BOLAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 W 5TH ST		
CITY/ST/ZIP/CO:	WINSTON-SALEM, NC 27101		

NAME:	PETER RENDALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	59 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME:	MICHAEL WEINER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	59 MAIDEN LANE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME: JEFFREY WEISSMANN TITLE: SECRETARY ADDRESS: 59 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HERBERT LEMMER TITLE: ASST SECRETARY ADDRESS: 59 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BARRY KARFUNKEL TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT KARFUNKEL TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS NEWGARDEN TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JEFFREY WEISSMANN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY WEISSMANN, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/15/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		