

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213531289

1.) CORPORATION NAME:

Ally Financial Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1797655**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,454,384
PREFA	4,021,764
PREFC	8,330

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 RENAISSANCE CENTER
482 B09 C24

CITY/ST/ZIP: DETROIT, MI 48265

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM F MUIR		
TITLE: PRESIDENT		
ADDRESS: 200 RENAISSANCE CENTER		
CITY/ST/ZIP/CO: DETROIT, MI 48265		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BARBARA TAYLOR		
TITLE: ASST SECRETARY		
ADDRESS: 200 RENAISSANCE CENTER		
482 B09 C24		
CITY/ST/ZIP/CO: DETROIT, MI 48265		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL A CARPENTER		
TITLE: DIR/CEO		
ADDRESS: 1177 AVE OF AMERICAS		
CITY/ST/ZIP/CO: NEW YORK, NY 10036		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEFFREY J BROWN		
TITLE: EVP, FINANCE		
ADDRESS: 440 S CHURCH ST, STE 1500		
CITY/ST/ZIP/CO: CHARLOTTE, NC 28202		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CATHY L QUENNEVILLE		
TITLE: SECRE		
ADDRESS: 200 RENAISSANCE CENTER		
CITY/ST/ZIP/CO: DETROIT, MI 48265		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KIM S FENNEBRESQUE		
TITLE: DIRECTOR		
ADDRESS: 1221 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO: NEW YORK, NY 10020		

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.

<u>/s/ BARBARA TAYLOR</u>	<u>BARBARA TAYLOR, ASST</u>	<u>7/2/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	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.