

Amended



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000106785		2. Exact name of the Corporation GMAC Risk Services, Inc.			
3. Principal office address 500 Woodward Ave. 14th floor		City Detroit	State MI	Zip 48226	
4. Business Phone No. 313-656-6600		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Insurance Agency Business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Douglas Timmerman			Vice-President Name		
Street Address 500 Woodward Ave. 14th floor			Street Address		
City Detroit	State MI	Zip 48226	City	State	Zip
Secretary Name Cathy L. Quenneville			Treasurer Name Kerri A. Koellner		
Street Address 200 Renaissance Center			Street Address 500 Woodward Ave. 14th floor		
City Detroit	State MI	Zip 48265	City Detroit	State MI	Zip 48226
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kerri A. Koellner			Director Name Douglas Timmerman		
Street Address 500 Woodward Ave. 14th floor			Street Address 500 Woodward Ave. 14th floor		
City Detroit	State MI	Zip 48226	City Detroit	State MI	Zip 48226
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100		\$100.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

APR 15 2016

A.A. 1:24pm

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

4/13/16
 Date

Barbara Taylor
 Print or Type Name of Authorized Representative

Secretary:
Cathy L. Quenneville

200 Renaissance Center, PO Box 200, Detroit MI 48265-2000, United States



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

