

No. C 91894		Due no later than Mar 31, 2015		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. FIRST INSURANCE FUNDING CORP. MARK A STEENBERG 450 SKOKIE BLVD SUITE 1000 NORTHBROOK IL 60062 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JOHN N SCHAPER	1512 ARTAIUS PKWY	LIBERTYVILLE	IL	USA	60048
DIRECTOR	HOLLIS W RADEMACHER	450 SKOKIE BLVD SUITE 1000	NORTHBROOK	IL	USA	60062
TREASURER	MICHELLE H SHAPIRO	450 SKOKIE BLVD SUITE 1000	NORTHBROOK	IL	USA	60062
SECRETARY	DAVID A DYKSTRA	9700 W HIGGINS RD SUITE 800	ROSEMONT	IL	USA	60018
PRESIDENT	FRANK J BURKE	450 SKOKIE BLVD SUITE 1000	NORTHBROOK	IL	USA	60062
DIRECTOR	DAVID A DYKSTRA	9700 W HIGGINS RD SUITE 800	ROSEMONT	IL	USA	60018
DIRECTOR	FRANK J BURKE	450 SKOKIE BLVD STE 1000	NORTHBROOK	IL	USA	60062
DIRECTOR	MARLA F GLABE	83 CARIBOU CROSSING	NORTHBROOK	IL	USA	60062
VICE PRESIDENT	MARK A STEENBERG	450 SKOKIE BLVD SUITE 1000	NORTHBROOK	IL	USA	60062
VICE PRESIDENT	ERYN C BRASOVAN	450 SKOKIE BLVD SUITE 1000	NORTHBROOK	IL	USA	60062
5. Organized Under the Laws of: IL C 91894		6. Annual Report must be signed.* Signature: Amber Schoenauer Name (type or print): Amber Schoenauer Date: 01/23/2015 Title: AVP				
Processed 01/23/2015		* Electronically provided signatures are accepted as original signatures.				