No. **C 91894**	**Due no later than Mar 31, 2013**	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. FRANK J BURKE 450 SKOKIE BLVD SUITE 1000 NORTHBROOK IL 60062 USA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New 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

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IL **C 91894**	Signature: Amber Schoenauer Name (type or print): Amber Schoenauer	Date: 03/12/2013 Title: Avp - Complianc Officer

Processed 03/12/2013

* Electronically provided signatures are accepted as original signatures.