

No. <b>C 91894</b>		Due no later than Mar 31, 2012		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  FIRST INSURANCE FUNDING CORP. FRANK J BURKE 450 SKOKIE BLVD SUITE 1000 NORTHBROOK IL 60062 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA		
				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	DAVID A DYKSTRA	727 N BANK LN	LAKE FOREST	IL	USA	60045
DIRECTOR	FRANK J BURKE	450 SKOKIE BLVD STE 1000	NORTHBROOK	IL	USA	60062
DIRECTOR	MARLA F GLABE	83 CARIBOU CROSSING	NORTHBROOK	IL	USA	60062
DIRECTOR	JOHN N SCHAPER	1512 ARTAIUS PKWY	LIBERTYVILLE	IL	USA	60048
DIRECTOR	HOLLIS W RADEMACHER	55 W MONROE SUITE 2530	CHICAGO	IL	USA	60603
TREASURER	MICHELLE H SHAPIRO	450 SKOKIE BLVD SUITE 1000	NORTHBROOK	IL	USA	60062
SECRETARY	DAVID A DYKSTRA	727 N BANK LANE	LAKE FOREST	IL	USA	60045
PRESIDENT	FRANK J BURKE	450 SKOKIE BLVD SUITE 1000	NORTHBROOK	IL	USA	60062
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>IL</b> <b>C 91894</b>		Signature: Amber Schoenauer Name (type or print): Amber Schoenauer		Date: 02/13/2012 Title: AVP - Compliance Officer		
Processed 02/13/2012		* Electronically provided signatures are accepted as original signatures.				