

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90013 037 ***150.00

DOCUMENT # P28893	
1. Entity Name FIRST INSURANCE FUNDING CORP.	



Principal Place of Business 450 SKOKIE BLVD SUITE 1000 NORTHBROOK, IL 60062 US	Mailing Address PO BOX 3306 NORTH BROOK, IL 60065-3306 US
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54038643



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04162004 Chg-P CR2E034 (10/03)

4. FEI Number 36-3437365	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKSTRA, DAVID A	NAME	
STREET ADDRESS	541 SHOSHONI TRAIL	STREET ADDRESS	
CITY-ST-ZIP	LAKE VILLA, IL 60046	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK J. BURKE, JR.	NAME	Frank J. Burke
STREET ADDRESS	80 BARN SWALLOW ROAD	STREET ADDRESS	1515 N. Astor St., Apt 5C
CITY-ST-ZIP	LAKE FOREST, IL 60045	CITY-ST-ZIP	Chicago, IL 60607
TITLE	SVPC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, MICHELLE H	NAME	
STREET ADDRESS	17 N. LOOMIS, UNIT 2J	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60607	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEHMER, EDWARD J	NAME	
STREET ADDRESS	454 BUENA ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST, IL 60045	CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEENBERG, MARK A	NAME	
STREET ADDRESS	616 IRIS CT.	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL LAKE, IL 60014	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Michelle Perry</u>	Date: <u>4-16-04</u>	Daytime Phone #: <u>(847) 572-4999</u>
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