


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P28893 1. Entity Name FIRST INSURANCE FUNDING CORP.	
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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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04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3437365	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007, Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DYKSTRA, DAVID A 541 SHOSHONI TRAIL LAKE VILLA, IL 60046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANK J. BURKE, JR. 610 ROBERT YORK AVE, APT 205 DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC PERRY, MICHELLE H 17 N. LOOMIS, UNIT 2J CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEHMER, EDWARD J 454 BUENA ROAD LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP STEENBERG, MARK A 616 IRIS CT. CRYSTAL LAKE, IL 60014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/17/07-80059-006, 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michelle Perry Michelle Perry 4/23/07 (847)512-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #