

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28893

FILED
Apr 02, 2009
Secretary of State

Entity Name: FIRST INSURANCE FUNDING CORP.

Current Principal Place of Business:

450 SKOKIE BLVD
SUITE 1000
NORTHBROOK, IL 60062 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3306
NORTH BROOK, IL 600653306 US

New Mailing Address:

FEI Number: 36-3437365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: DYKSTRA, DAVID A
Address: 541 SHOSHONI TRAIL
City-St-Zip: LAKE VILLA, IL 60046

Title: PD () Delete
Name: BURKE, FRANK J
Address: 610 ROBERT YORK AVE, APT 205
City-St-Zip: DEERFIELD, IL 60015

Title: SVPC () Delete
Name: PERRY, MICHELLE H
Address: 17 N. LOOMIS, UNIT 2J
City-St-Zip: CHICAGO, IL 60607

Title: D (X) Delete
Name: WEHMER, EDWARD J
Address: 454 BUENA ROAD
City-St-Zip: LAKE FOREST, IL 60045

Title: EVP () Delete
Name: STEENBERG, MARK A
Address: 616 IRIS CT.
City-St-Zip: CRYSTAL LAKE, IL 60014

Title: SVP () Delete
Name: DIXON, JOHN W
Address: 445 E WISCONSIN AVE
City-St-Zip: LAKE FOREST, IL 60045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE H. PERRY

SVPC

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date