

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28893

Entity Name: FIRST INSURANCE FUNDING CORP.**Current Principal Place of Business:**450 SKOKIE BLVD
SUITE 1000
NORTHBROOK, IL 60062**Current Mailing Address:**PO BOX 3306
NORTHBROOK, IL 60065-3306 US**FEI Number:** 36-3437365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title SECRETARY AND DIRECTOR
Name DYKSTRA, DAVID A
Address 541 SHOSHONI TRAIL
City-State-Zip: LAKE VILLA IL 60046

Title PRESIDENT AND DIRECTOR
Name BURKE, FRANK J
Address 610 ROBERT YORK AVE, APT 205
City-State-Zip: DEERFIELD IL 60015

Title SVP & CFO
Name SHAPIRO, MICHELLE H
Address 26 LOGAN TERRACE
City-State-Zip: GOLF IL 60029

Title CEO
Name STEENBERG, MARK A
Address 616 IRIS CT.
City-State-Zip: CRYSTAL LAKE IL 60014

Title SVP & GENERAL COUNSEL
Name BRASOVAN, ERYN C
Address 311 N DERBYSHIRE AVE
City-State-Zip: ARLINGTON HEIGHTS IL 60004

Title DIRECTOR
Name RADEMACHER, HOLLIS
Address 1719 LOWELL LN
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name SCHAPER, JOHN N
Address 1842 TORREY PKWY
City-State-Zip: LIBERTYVILLE IL 60048

Title DIRECTOR
Name GLABE, MARLA F
Address 83 CARIBOU CROSSING
City-State-Zip: NORTHBROOK IL 60062

I hereby 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 all other like empowered.

SIGNATURE: ERYN C. BRASOVANSVP & GENERAL
COUNSEL

04/02/2015

Electronic Signature of Signing Officer/Director Detail

Date