

1.) CORPORATION NAME: <b>INSURANCE PREMIUM FUNDING, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>VIDHI GUPTA          4474 OAKDALE CRESCENT CT STE 733          FAIRFAX, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b>	DUE DATE: <b>5/4/2014</b> SCC ID NO: <b>F1949561</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
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6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 4474 OAKDALE CRESCENT CT STE 733 CITY/ST/ZIP: FAIRFAX, VA 22030
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KIRANDEEP KAUR GILL TITLE: PRESIDENT ADDRESS: 7120 MINSTREL WAY STE 205 CITY/ST/ZIP/CO: COLUMBIA, MD 21045	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: VIDHI GUPTA TITLE: DIRECTOR ADDRESS: 4474 OAKDALE CRESCENT COURT STE 733 CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KIRANDEEP KAUR GILL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KIRANDEEP KAUR GILL, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/4/2014 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.