

1.) CORPORATION NAME: INSURANCE PREMIUM FUNDING, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: VIDHI GUPTA 4474 OAKDALE CRESCENT CT STE 733 FAIRFAX, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MD	DUE DATE: 12/31/2015 SCC ID NO: F1949561 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
CLASS	AUTHORIZED				
COMMON	100				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 7120 Minstrel Way Suite 205 CITY/ST/ZIP: Columbia, MD 21045

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
---	---	-----------------------------------

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
---	----------------------------------	--

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	5/3/2016 DATE
--	---	------------------

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.