

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Band and Co., nominee for U.S. Bank
 MK-WI-S302
 1555 N. RiverCenter Drive, Suite 302
 Milwaukee, WI 53212



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here [] and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME
 NPFC SPV 1 Inc

OR

1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 30 N Gould Street Sheridan WY 82801 USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here [] and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
 Band and Co., nominee for U.S. Bank

OR

3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 MK-WI-S302, 1555 N. RiverCenter Drive, Suite 302 Milwaukee WI 53212 USA

4. COLLATERAL: This financing statement covers the following collateral:

One individual Collateral Notes in the amount of USD \$5 million represented by CUSIP# 65172Q AA5 / ISIN # US65172QAA58. Notes issued by Debtor are internally identified as NPFC/UST/CN/2021/01-13. Underlying Collateral securing Collateral Notes is pledge of principal corpus of the United States Treasury Bonds registered under CUSIP 912810QZ4. US Bank is the Trustee of a Trust Agreement between Newpoint Reinsurance Company Limited and Trisura Specialty Insurance Company as Beneficiary ("Trisura/Beneficiary"). Subject to this Trust, Trisura is the sole Beneficiary of the perfected security interest in this Collateral.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

**STATE OF WYOMING * SECRETARY OF STATE
BUSINESS DIVISION**

Herschler Bldg East, Ste.100 & 101 , Cheyenne, WY 82002-0020
Phone: 307-777-7311 | Email: UCC@wyo.gov

BAND AND CO., NOMINEE FOR U.S. BANK
MK-WI-S302
1555 N RIVERCENTER DRIVE SUITE 302
MILWAUKEE, WI 53212

October 27, 2023

UCC Financing Statement Acknowledgement

FILING INFORMATION

Document #: 2023-25892231
Filing Date: 10/27/2023
Lapse Date: 10/27/2033
Record Type: UCC
Receipt #: 003273060
Alternate Designation: Debtor / Secured Party

DEBTOR INFORMATION

Debtor Name: NPFC SPV 1 INC
Address: 30 N GOULD STREET
SHERIDAN, WY 82801

SECURED PARTY INFORMATION

Secured Party Name: BAND AND CO., NOMINEE FOR U.S. BANK
Address: MK-WI-S302
1555 N. RIVERCENTER DRIVE, SUITE 302
MILWAUKEE, WI 53212

This acknowledges the filing of the attached document. If we may be of any further service to you, please contact us at the number noted above.



CHUCK GRAY
Secretary of State
State of Wyoming

Enclosures: Original Documents

RECEIPT



Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020

CORP1, INC.
2232 DELL RANGE BLVD, SUITE 200
CHEYENNE, WY 82009

RECEIPT INFORMATION

Receipt #: **003273060**
Receipt Date: **10/27/2023**
Processed By: **Paul VaughanMiller**

DO NOT PAY!
This is not a bill.

Description of Charges	Reference	Quantity	Unit Price	Total
UCC1 - Initial Filing	2023-25892231	1	\$30.00	\$30.00
TOTAL CHARGES PAID				\$30.00

Description of Payment	Reference	Amount
Payment-PAD Account	01204	\$30.00
TOTAL PAYMENT		\$30.00

PAD Account: **01204 - Corp1, Inc.**

PAD Begin Balance: **\$875.29**

PAD End Balance: **\$845.29**

In Reference To:

Initial Filing Doc ID: 2023-25892231

PAD or Billing Questions?
(307) 777-5343
SOSAdminServices@wyo.gov