

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)

Citadel Reinsurance Company Limited
P.O. Box HM 824
Hamilton HM CX
Bermuda

WY Secretary of State
FILED: 02/10/2022 10:57 AM
ID: 2022-21076015

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
Newpoint Financial Corp

OR

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

1c. MAILING ADDRESS
100 Pearl Street #265

CITY Hartford	STATE CT	POSTAL CODE 06103	COUNTRY USA
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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
Citadel Reinsurance Company Limited

OR

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

3c. MAILING ADDRESS
P.O. Box HM 824

CITY Hamilton	STATE HM	POSTAL CODE HM CX	COUNTRY Bermuda
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4. COLLATERAL: This financing statement covers the following collateral:

Secured Party and Debtor entered into a Note Issuance Agreement in which Debtor has issued 5 individual Notes in the amount of USD \$5 million each represented by CUSIP# 65172Q AA5 / ISIN # US65172QAA58. Notes are identified as NPFC/UST/CN/2021/01-16, NPFC/UST/CN/2021/01-17, NPFC/UST/CN/2021/01-18, NPFC/UST/CN/2021/01-19, NPFC/UST/CN/2021/01-20. Pursuant to the Note Issuance Agreement and Notes, Debtor has pledged to Secured Party as Collateral all of its rights to the principal corpus of the United States Treasury Bonds registered under CUSIP 912810QZ4. The terms of this Collateral Pledge and Security Agreement are reflected in the agreement between Secured Party and Debtor.

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:

<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing
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6b. Check only if applicable and check only one box:

<input type="checkbox"/> Lessee/Lessor	<input type="checkbox"/> Consignee/Consignor	<input type="checkbox"/> Seller/Buyer	<input type="checkbox"/> Bailee/Bailor	<input type="checkbox"/> Licensee/Licensor
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7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

STATE OF WYOMING * SECRETARY OF STATE
EDWARD A. BUCHANAN
BUSINESS DIVISION

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

Phone: 307-777-7311

Email: UCC@wyo.gov

CITADEL REINSURANCE COMPANY LIMITED
P O BOX HM 824
HAMILTON HM CX
BERMUDA

February 10, 2022

UCC Financing Statement Acknowledgement

FILING INFORMATION

Document #: 2022-21076015
Filing Date: 02/10/2022
Lapse Date: 02/10/2032
Record Type: UCC
Receipt #: 002469905
Alternate Designation: Debtor / Secured Party

DEBTOR INFORMATION

Debtor Name: NEWPOINT FINANCIAL CORP
Address: 100 PEARL STREET #265
HARTFORD, CT 06103

SECURED PARTY INFORMATION

Secured Party Name: CITADEL REINSURANCE COMPANY LIMITED
Address: P.O. BOX HM 824
HAMILTON, HM, HM CX
BERMUDA

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.



EDWARD A. BUCHANAN
SECRETARY OF STATE
State of Wyoming

Enclosures: Original Documents

RECEIPT



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

CYNDY JACKSON
1507 LAMPMAN CT
CHEYENNE, WY 82007

RECEIPT INFORMATION

Receipt #: **002469905**
Receipt Date: **02/10/2022**
Processed By: **Austin Stege**

DO NOT PAY!
This is not a bill.

Description of Charges	Reference	Quantity	Unit Price	Total
UCC1 - Initial Filing	2022-21076015	1	\$30.00	\$30.00
TOTAL CHARGES PAID				\$30.00

Description of Payment	Reference	Amount
Payment-PAD Account	00271	\$30.00
TOTAL PAYMENT		\$30.00

PAD Account: **00271 - CYNDY JACKSON**

PAD Begin Balance: **\$1,425.40**

PAD End Balance: **\$1,395.40**

In Reference To:

Initial Filing Doc ID: 2022-21076015

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