

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <b>Newpoint Insurance Brokers Limited for and on behalf of Resilience Professions 7th Floor 17 Bevis Marks London, EC3A 7LN</b>

**WY Secretary of State**  
**FILED: 06/29/2022 11:57 AM**  
**ID: 2022-22086825**  
**AID: 2022-22188326**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER <b>2022-22086825</b>	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
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2.  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3.  **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5.  **PARTY INFORMATION CHANGE:**  
Check one of these two boxes:  Debtor or  Secured Party of record  
**AND** Check one of these three boxes to:  
 CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  
 ADD name: Complete item 7a or 7b, and item 7c  
 DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME <b>Newpoint Insurance Brokers Limited</b>			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME <b>Newpoint Insurance Brokers Limited for and on behalf of Resilience Professions</b>			
OR 7b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7c. MAILING ADDRESS <b>7th Floor, 17 Bevis Marks</b>	CITY <b>London</b>	STATE	POSTAL CODE <b>EC3A 7LN</b>	COUNTRY <b>UK</b>
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8.  **COLLATERAL CHANGE:** Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral  
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME <b>Newpoint Reinsurance Company Limited</b>			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. 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

NEWPOINT INSURANCE BROKERS LIMITED FOR AND ON B  
7TH FLOOR  
17 BEVIS MARKS  
LONDON, EC3A 7LN  
UNITED KINGDOM

June 29, 2022

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**UCC3 Acknowledgment**

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**AMENDMENT INFORMATION**

Document #: 2022-22188326  
Filing Date: 06/29/2022  
Amendment Actions: Change Secured Party (1)  
Financing Statement Document #: 2022-22086825  
First Debtor on Record: NPFC SPV 1 INC  
Financing Statement Lapse Date: 06/16/2032

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**AUTHORIZING PARTY**

Organization Name (Debtor): NEWPOINT REINSURANCE COMPANY LIMITED

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**CHANGE SECURED PARTY**

**Changed From**

From Secured Party Name: NEWPOINT INSURANCE BROKERS LIMITED  
From Address: 7TH FLOOR  
17 BEVIS MARKS  
LONDON, EC3A 7LN UNITED KINGDOM

**Changed To**

Secured Party Name: NEWPOINT INSURANCE BROKERS LIMITED FOR AND ON  
BEHALF OF RESILIENCE PROFESSIONS  
Address: 7TH FLOOR  
17 BEVIS MARKS  
LONDON, EC3A 7LN UNITED KINGDOM

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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 #: **002627196**  
Receipt Date: **06/29/2022**  
Processed By: **Shawn Havel**

**DO NOT PAY!**  
**This is not a bill.**

Description of Charges	Reference	Quantity	Unit Price	Total
UCC3 - Secured Party Change	2022-22188326	1	\$15.00	\$15.00
<b>TOTAL CHARGES PAID</b>				<b>\$15.00</b>

Description of Payment	Reference	Amount
Payment-PAD Account	00271	\$15.00
<b>TOTAL PAYMENT</b>		<b>\$15.00</b>

PAD Account: <b>00271 - CYNDY JACKSON</b>	PAD Begin Balance:	<b>\$970.35</b>
	PAD End Balance:	<b>\$955.35</b>

**In Reference To:**  
Amendment Doc ID: 2022-22188326. Initial Filing Doc ID: 2022-22086825

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