

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)
Newpoint Reinsurance Company Limited
A.L. Evelyn Ltd Building
Suite 1
Main Street, Charlestown
Nevis

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
2022-22036012
1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. [X] 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

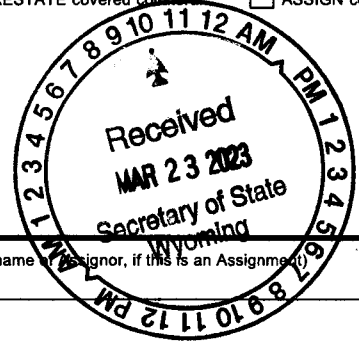
5. [] PARTY INFORMATION CHANGE:
Check one of these two boxes: [] Debtor or [] Secured Party of record
AND Check one of these three boxes to: [] CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c [] ADD name: Complete item 7a or 7b, and item 7c [] DELETE name: Give record 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
Newpoint Reinsurance Company Limited
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
OR
7b. INDIVIDUAL'S SURNAME
INDIVIDUAL'S FIRST PERSONAL NAME
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

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 Debtor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here [X] and provide name of authorizing Debtor
9a. ORGANIZATION'S NAME
NPFC SPV 1 Inc
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
BUSINESS DIVISION**

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

NEWPOINT REINSURANCE COMPANY LIMITED
A L EVELYN LTD BUILDING SUITE 1
MAIN STREET CHARLESTOWN

March 24, 2023

UCC3 Acknowledgment

AMENDMENT INFORMATION

Document #: 2023-24208625
Filing Date: 03/24/2023
Amendment Actions: Termination
Financing Statement Document # 2022-22036012
First Debtor on Record: NPFC SPV 1 INC
Financing Statement Lapse Date: 06/09/2032

AUTHORIZING PARTY

Organization Name (Secured Party): NEWPOINT REINSURANCE COMPANY LIMITED

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

CYNDY JACKSON
1507 LAMPMAN CT
CHEYENNE, WY 82007

RECEIPT INFORMATION

Receipt #: **002964018**
Receipt Date: **03/24/2023**
Processed By: **Nicole Martinez**

DO NOT PAY!
This is not a bill.

Description of Charges	Reference	Quantity	Unit Price	Total
UCC1 - Initial Filing	2023-24208221	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:	\$1,299.85
	PAD End Balance:	\$1,269.85

In Reference To:
Initial Filing Doc ID: 2023-24208221

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