

UCC FINANCING STATEMENT

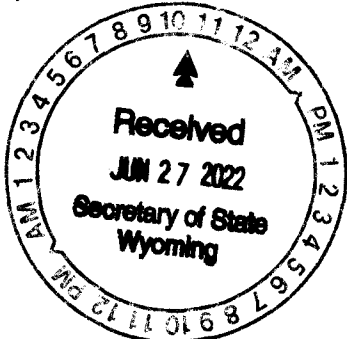
FOLLOW INSTRUCTIONS

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

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Newpoint Reinsurance Company Limited  
 Suite 7  
 Henville Building  
 Main Street  
 Charlestown, Nevis  
 Saint Kitts and Nevis



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  
 Newpoint Reinsurance Company Limited

OR

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

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
 Suite 7, Henville Building, Main Street Charlestown Saint Kitts and Nevis

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

Secured Party and Debtor entered into a Note Issuance Agreement in which Debtor has issued 2 individual Notes in the amount of USD \$5 million each represented by CUSIP# 65172Q AA5 / ISIN # US65172QAA58. Notes are identified as NPFC/UST/CN/2021/01-34 and NPFC/UST/CN/2021/01-35. 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. It is noted that the amount of USD\$10 million is allocated exclusively to support the obligations under the Workers' Compensation and Employer's Liability Quota Share Reinsurance Contract Effective January 1, 2021 between StarStone National Insurance Company (signed 18th April 2022) and Newpoint Reinsurance Company Limited (NPFC) (signed 29th March 2022 with NPFC stamp reference NPFC0322201WC00081).

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/Licensors

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

NEWPOINT REINSURANCE COMPANY LIMITED  
SUITE 7 HENVILLE BUILDING  
MAIN STREET  
CHARLESTOWN, NEVIS  
ST. KITTS AND NEVIS

June 27, 2022

**UCC Financing Statement Acknowledgement**

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**FILING INFORMATION**

Document #: 2022-22160822  
Filing Date: 06/27/2022  
Lapse Date: 06/27/2032  
Record Type: UCC  
Receipt #: 002624444  
Alternate Designation: Debtor / Secured Party

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**DEBTOR INFORMATION**

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

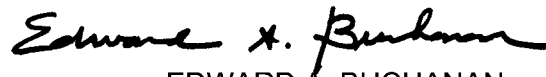
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**SECURED PARTY INFORMATION**

Secured Party Name: NEWPOINT REINSURANCE COMPANY LIMITED  
Address: SUITE 7, HENVILLE BUILDING  
MAIN STREET  
CHARLESTOWN, NEVIS ST. KITTS AND NEVIS

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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 #: **002624444**  
Receipt Date: **06/27/2022**  
Processed By: **Victoria Buckendorf**

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

Description of Charges	Reference	Quantity	Unit Price	Total
UCC1 - Initial Filing	2022-22160822	1	\$30.00	\$30.00
<b>TOTAL CHARGES PAID</b>				<b>\$30.00</b>

Description of Payment	Reference	Amount
Payment-PAD Account	00271	\$30.00
<b>TOTAL PAYMENT</b>		<b>\$30.00</b>

PAD Account: <b>00271 - CYNDY JACKSON</b>	PAD Begin Balance:	<b>\$345.35</b>
	PAD End Balance:	<b>\$315.35</b>

**In Reference To:**  
Initial Filing Doc ID: 2022-22160822

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