

UCC FINANCING STATEMENT

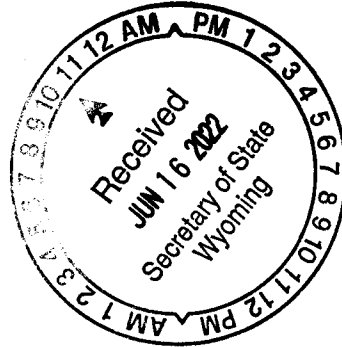
FOLLOW INSTRUCTIONS

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

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Spectrum Risk Management and Reinsurance DMCC
 10th Floor, Swiss Tower
 1001-17, Jumeriah Lakes
 Dubai, UAE



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)	
1c. MAILING ADDRESS 30 N Gould Street		CITY Sheridan	STATE WY
		POSTAL CODE 82801	COUNTRY 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)	
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 Spectrum Risk Management and Reinsurance DMCC			
OR	3b. INDIVIDUAL'S SURNAME		
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	
3c. MAILING ADDRESS 10th Floor, Swiss Tower 1001-17, Jumeriah Lakes		CITY Dubai	STATE
		POSTAL CODE	COUNTRY UAE

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

Secured Party and Debtor entered into a Note Issuance Agreement in which Debtor has issued 1 individual Note in the amount of USD \$5 million represented by CUSIP# 65172Q AA5 / ISIN # US65172QAA58. Note is identified as NPFC/UST/CN/2021/01-39. 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:
 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
EDWARD A. BUCHANAN
BUSINESS DIVISION

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

Phone: 307-777-7311

Email: UCC@wyo.gov

SPECTRUM RISK MANAGEMENT AND REINSURANCE DMCC
10TH FLOOR SWISS TOWER
1001-17 JUMERIAH LAKES
DUBAI, UAE
UNITED ARAB EMIRATES

June 16, 2022

UCC Financing Statement Acknowledgement

FILING INFORMATION

Document #: 2022-22087524
Filing Date: 06/16/2022
Lapse Date: 06/16/2032
Record Type: UCC
Receipt #: 002613975
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: SPECTRUM RISK MANAGEMENT AND REINSURANCE
DMCC
Address: 10TH FLOOR, SWISS TOWER
1001-17, JUMERIAH LAKES
DUBAI, UAE UNITED ARAB EMIRATES

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 #: **002613975**
Receipt Date: **06/16/2022**
Processed By: **Bailey Johnson**

DO NOT PAY!
This is not a bill.

Description of Charges	Reference	Quantity	Unit Price	Total
UCC1 - Initial Filing	2022-22087524	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: **\$401.35**

PAD End Balance: **\$371.35**

In Reference To:

Initial Filing Doc ID: 2022-22087524

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