



# 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)

Timber Creek Casualty Insurance Risk Retention Group, Inc.  
301 Louisiana Avenue  
Bogalusa, LA 70427

WY Secretary of State  
FILED: 02/11/2022 08:15 AM  
ID: 2022-21088727

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	

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 USA	

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 Timber Creek Casualty Insurance Risk Retention Group, Inc.				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 301 Louisiana Avenue		CITY Bogalusa	STATE LA	POSTAL CODE 70427
			COUNTRY USA	

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/2021/01-26. 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/Licensor

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

TIMBER CREEK CASUALTY INSURANCE RISK RETENTION G  
301 LOUISIANA AVENUE  
BOGALUSA, LA 70427

February 11, 2022

**UCC Financing Statement Acknowledgement**

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**FILING INFORMATION**

Document #: 2022-21088727  
Filing Date: 02/11/2022  
Lapse Date: ~~02/11/2032~~  
Record Type: UCC  
Receipt #: 002470795  
Alternate Designation: Debtor / Secured Party

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**DEBTOR INFORMATION**

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

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**SECURED PARTY INFORMATION**

Secured Party Name: TIMBER CREEK CASUALTY INSURANCE RISK RETENTION  
GROUP, INC.  
Address: 301 LOUISIANA AVENUE  
BOGALUSA, LA 70427

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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 #: **002470795**  
Receipt Date: **02/11/2022**  
Processed By: **Austin Stege**

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

Description of Charges	Reference	Quantity	Unit Price	Total
UCC1 - Initial Filing	2022-21088727	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: **00271 - CYNDY JACKSON**

PAD Begin Balance: **\$1,220.40**

PAD End Balance: **\$1,190.40**

### **In Reference To:**

Initial Filing Doc ID: 2022-21088727

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