



**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)

American Millennium Insurance Company  
1011 Route 22, Suite 102  
Bridgewater, NJ 08807

**WY Secretary of State**  
**FILED: 02/10/2022 11:08 AM**  
**ID: 2022-21076116**

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	

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  
American Millennium Insurance Company

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 1011 Route 22, Suite 102	CITY Bridgewater	STATE NJ	POSTAL CODE 08807
		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 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/2021/01-14 and NPFC/UST/CN/2021/01-15. 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

AMERICAN MILLENNIUM INSURANCE COMPANY  
1011 ROUTE 22  
SUITE 102  
BRIDGEWATER, NJ 08807

February 10, 2022

**UCC Financing Statement Acknowledgement**

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**FILING INFORMATION**

Document #: 2022-21076116  
Filing Date: 02/10/2022  
Lapse Date: 02/10/2032  
Record Type: UCC  
Receipt #: 002469924  
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: AMERICAN MILLENNIUM INSURANCE COMPANY  
Address: 1011 ROUTE 22  
SUITE 102  
BRIDGEWATER, NJ 08807

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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 #: **002469924**  
Receipt Date: **02/10/2022**  
Processed By: **Austin Stege**

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

Description of Charges	Reference	Quantity	Unit Price	Total
UCC1 - Initial Filing	2022-21076116	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: **\$1,385.40**

PAD End Balance: **\$1,355.40**

### In Reference To:

Initial Filing Doc ID: 2022-21076116

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