

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Barbara J. Robinson, Paralegal (317) 238-6383

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company

P.O. Box 2969
Springfield, IL 62708

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
Hagerty Michael D.

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
727 East Avenue Pawtucket RI 02860 USA

1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any
Individual NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

M. D. Hagerty Insurance, Inc.

OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
727 East Avenue Pawtucket RI 02860 USA

2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any
Corporation RI 97609 NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

Oak Street Funding LLC

OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
11555 N. Meridian Street, Suite 390 Carmel IN 46032 USA

4. This FINANCING STATEMENT covers the following collateral:

SEE ATTACHED EXHIBIT A.

5. ALTERNATIVE DESIGNATION [if applicable]: ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

OSSF-5 - #914194 - RI Secretary of State

786751-003 DX4

EXHIBIT A

All of the following properties, assets and rights of the Debtor, wherever located, whether now owned or hereafter acquired or arising, and all proceeds and products thereof (all of the same being hereinafter called the "Collateral"):

- (i) all commissions and other amounts paid or payable to the Debtor with respect to any insurance policies (the "Insurance Policies") associated with the insurance carrier agreements (collectively, the "Carrier Agreements") and Producer Codes (collectively, the "Producer Codes") identified in Schedule A hereto, including without limitation, any insurance policy commissions due on or after the date hereof and all commissions due before the date hereof but received on or after the date hereof (collectively, the "Insurance Policy Commissions") relating to such Carrier Agreements and Producer Codes.
- (ii) any Deposit Account at any financial institution into which insurance policy commissions are deposited, together with all funds and claims to funds represented by such account (the "CCA Account").
- (iii) all other business personal property of the Debtor of every kind and nature now existing or hereafter acquired, including without limitation all goods (including all inventory, equipment and any accessions thereto), accounts, instruments (including promissory notes), documents (including any warehouse receipts), chattel paper (whether tangible or electronic), deposit accounts, letter-of-credit rights (whether or not the letter of credit is evidenced by a writing), securities and all other investment property (including all commodity accounts and commodity contracts), supporting obligations, any other contract rights or rights to the payment of money, insurance claims and proceeds, tort claims, and all general intangibles including, without limitation, all payment intangibles, patents, patent applications, trademarks, trademark applications, trade names, copyrights, copyright applications, software, service marks, customer lists, goodwill and all licenses, permits, agreements of any kind or nature pursuant to which the Debtor possesses, uses or has authority to possess or use property (whether tangible or intangible) of others or others possess, use or have authority to possess or use property (whether tangible or intangible) of the Debtor, and all recorded data of any kind or nature related to any of the foregoing, regardless of the medium of recording including, without limitation, all data and software holding any records related to any of the foregoing.



Allstate.
You're in good hands.

SCHEDULE A

List of Agency Agreement(s) and Producer Code(s)

Carrier	Producer Code
Allstate Insurance Company	04022
American Heritage Life Insurance Company	8WW10
Lincoln Benefit Life Company	BJ4AA