UCC-3 Form - Continuation

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FILER INFORMATION

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CONTACT INFORMATION

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DEBTOR INFORMATION

Org. Name: **GREENWICH BAY INSURANCE GROUP, LLC**
Mailing Address1: **1865 POST ROAD, SUITE 108**
City: **WARWICK** *State:* **RI** *ZIP:* **02886** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **SATELLITE AGENCY NETWORK GROUP, INC.**
Mailing Address1: **348 MATTHEWS ROAD**
City: **SWANZEY** *State:* **NH** *ZIP:* **03446** *Country:* **USA**

TRANSACTION TYPE: **STANDARD**
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