A					
UCC FINANCING STATEMENT AME	NDMENT				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-8	358-5294	7			
B. E-MAIL CONTACT AT FILER (optional)	2	₹			
SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address	› نع <u>ره، دي</u>	4			
111841292 - 372200	acecii'' ¬				
Corporation Service Company 801 Adlai Stevenson Drive	Filed In: Rhode tsland (S.O.S.)				
Springfield, IL 62703	Filed In: Rhode Island (S.O.S.)				
	· <u>·</u>	THE ABOV		R FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 000709 07/31/2001		(or recorded) in th	e REAL ESTATE	ENDMENT is to be filed { RECORDS mr.UCC3Ad) <u>and</u> provide Do	· · · · · · · · · · · · · · · · · · ·
TERMINATION: Effectiveness of the Financing Statement	nt identified above is terminated				
ASSIGNMENT (full or partial): Provide name of Assigne For partial assignment, complete items 7 and 9 and also in			name of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Stater continued for the additional period provided by applicable.	nent identified above with respect aw	to the security interest(s) of Secured Party	authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:		7 11.11.			
Check one of these two boxes:	AND Check one of these three b		ADD name: Comple	ote item DELETE nam	e: Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c	7a or 7b, <u>and</u> item 7		in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party 6a. ORGANIZATION'S NAMEHUNTER INSURANCE	CE, INC.	one name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	IADDITIO	NAL NÁME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignm 7a. ORGANIZATION'S NAME	nent or Party Information Change - provide	only <u>one</u> name (7a or 7b) (use ex	act, full name; do not or	nit, modify, or abbreviate any pa	nt of the Debtor's name)
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	USA
B. COLLATERAL CHANGE: Also check one of these four b	oxes: ADD collateral	DELETE collateral	RESTATE O	overed collateral	ASSIGN collateral
Indicate collateral;					
	_				
9. NAME OF SECURED PARTY OF RECORD AUTHOR			or 9b) (name of As	signor, if this is an Assigni	ment)
If this is an Amendment authorized by a DEBTOR, check here [9a. ORGANIZATION'S NAMECITIZENS Bank, N.A. F					***
OR 96. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
 10. OPTIONAL FILER REFERENCE DATA: Debtor: HUN	TED INCLIDANCE IN	IC	<u> </u>		
A OF HOMAL FILER REFERENCE DATA: DEDIOL; HON	TER INSURANCE, I	NC.			111841292