

UCC-1 Form

FILER INFORMATION

Full name: CT LIEN SOLUTIONS *Phone:* (800)331-3282

CONTACT INFORMATION

Contact name: CT LIEN SOLUTIONS

Street #1: P.O. BOX 29071

Street #2: ORDER:55034477

City: GLENDALE *State:* CA *ZIP:* 91209-9071 *Country:* USA

Notification Method: E-MAIL *Email:* SOSACK@UCCDIRECT.COM

DEBTOR INFORMATION

Org. Name: JCG INC

Mailing Address1: 539 BROAD STREET

City: CENTRAL FALLS *State:* RI *ZIP:* 02863 *Country:* USA

SECURED PARTY INFORMATION

Org. Name: SATELLITE AGENCY NETWORK GROUP, INC.

Mailing Address1: 234 LAFAYETTE ROAD

City: HAMPTON *State:* NH *ZIP:* 03842 *Country:* USA

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION:

COLLATERAL

Collateral shall include all of the Debtor's bond, property and casualty insurance expirations and other rights to renew bond, property and casualty insurance policies of any kind and description and any and all proceeds of any of the foregoing.