

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:56190935

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

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

DEBTOR INFORMATION

Org. Name: CITY BY-THE-SEA INSURANCE, LLC

Mailing Address1: 2 FRIENDSHIP STREET

Mailing Address2: UNIT 1

City: NEWPORT *State:* RI *ZIP:* 02840 *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.