

# UCC-1 Form

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## 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:57167620

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

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

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## DEBTOR INFORMATION

*Org. Name:* DEGIULIO INSURANCE GROUP LLC

*Mailing Address1:* 1865 POST ROAD

*City:* WARWICK      *State:* RI      *ZIP:* 02886      *Country:* USA

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## SECURED PARTY INFORMATION

*Org. Name:* SATELLITE AGENCY NETWORK GROUP, INC.

*Mailing Address1:* 234 LAFAYETTE ROAD

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

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**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.