

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **AMICA MUTUAL INSURANCE COMPANY**

Mailing Address: **100 AMICA WAY**

City, State Zip Country: **LINCOLN, RI 02865 USA**

SECURED PARTY INFORMATION

Org. Name: **IBM CREDIT LLC**

Mailing Address: **ONE NORTH CASTLE DRIVE**

City, State Zip Country: **ARMONK, NY 10504 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-83227344-62489652

COLLATERAL

ALL OF THE FOLLOWING EQUIPMENT TOGETHER WITH ALL RELATED SOFTWARE, WHETHER NOW OWNED OR HEREAFTER ACQUIRED AND WHEREVER LOCATED (ALL AS MORE FULLY DESCRIBED ON IBM CREDIT LLC AGREEMENT(S) 082951 INCLUDING ONE OR MORE OF THE FOLLOWING: 9GB2/SPP - ALL ADDITIONS, ATTACHMENTS, ACCESSORIES, ACCESSIONS AND UPGRADES THERETO AND ANY AND ALL SUBSTITUTIONS, REPLACEMENTS OR EXCHANGES FOR ANY SUCH ITEM OF EQUIPMENT OR SOFTWARE AND ANY AND ALL PROCEEDS OF ANY OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, PAYMENTS UNDER INSURANCE OR ANY INDEMNITY OR WARRANTY RELATING TO LOSS OR DAMAGE TO SUCH EQUIPMENT AND SOFTWARE. IBM CREDIT LLC FILES THIS NOTICE AS A PRECAUTIONARY FILING.