

UCC-3 Form - ASSIGNMENT

Original File Number: **201717637840**

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

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SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

SECURED PARTY INFORMATION

Org. Name: **ALLSTATE FINANCE COMPANY, LLC**

Mailing Address:

City, State Zip Country: **, USA**

ASSIGNEE INFORMATION

Org. Name: **WINTRUST AGENT FINANCE A DIVISION OF LAKE FOREST BANK & TRUST COMPANY, N.A.**

Mailing Address: **727 BANK LANE**

City, State Zip Country: **LAKE FOREST, IL 60045 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: ALLSTATE FINANCE COMPANY, LLC

CUSTOMER REFERENCE: DEBTOR=OCEAN STATE INSURANCE GROUP, LLC 2233 69325
