

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Milbank LLP 212-530-5000												
B. E-MAIL CONTACT AT SUBMITTER (optional) Leveragefinanceuccfilings@milbank.com												
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Naomi Beckley Milbank LLP 55 Hudson Yards New York, New York 10001-2163												
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY									
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201921893940 12/03/2019		1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filers: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.										
2. ☒ TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party(ies) authorizing this Termination Statement.												
3. ☐ ASSIGNMENT Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c, and name of Assignor in item 9. For partial assignment, complete items 7 and 9, check ASSIGN Collateral box in item 8 and describe the affected collateral in item 8.												
4. ☐ CONTINUATION Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.												
5. PARTY INFORMATION CHANGE: Check one of these two boxes: ☐ Debtor or ☐ Secured Party of record. AND Check one of these three boxes to: ☐ CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b, and item 7c. ☐ ADD name. Complete item 7a or 7b, and item 7c. ☐ DELETE name. Give record name to be deleted in item 6a or 6b.												
6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b). <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">6a. ORGANIZATION'S NAME</td></tr><tr><td style="width: 40%; padding: 5px;">OR 6b. INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					6a. ORGANIZATION'S NAME				OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">7a. ORGANIZATION'S NAME</td></tr><tr><td style="width: 40%; padding: 5px;">OR 7b. INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					7a. ORGANIZATION'S NAME				OR 7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">CITY</td><td style="width: 10%; padding: 5px;">STATE</td><td style="width: 15%; padding: 5px;">POSTAL CODE</td><td style="width: 35%; padding: 5px;">COUNTRY</td></tr></table>					CITY	STATE	POSTAL CODE	COUNTRY				
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8. COLLATERAL CHANGE: Check only one box: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN* collateral Indicate collateral: *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8.												
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">9a. ORGANIZATION'S NAME Ares Capital Corporation, as Collateral Agent</td></tr><tr><td style="width: 40%; padding: 5px;">OR 9b. INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					9a. ORGANIZATION'S NAME Ares Capital Corporation, as Collateral Agent				OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA: Filed with: RI - Secretary of State; Debtor: Gencorp Insurance Group, LLC 37287.00132 F#983725 A#1420297												