



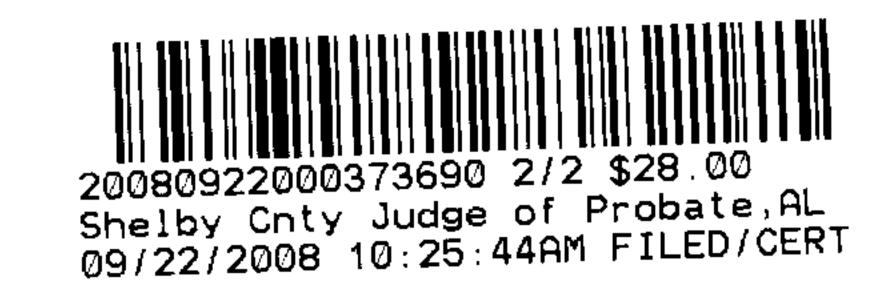
20080922000373690 1/2 \$28.00 Shelby Cnty Judge of Probate,AL 09/22/2008 10:25:44AM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS	S (front and back)	CAREFULLY			
A. NAME & PHONE OF C	ONTACT AT FILE	R [optional]			
B. SEND ACKNOWLEDG	MENT TO: (Name	e and Address)			
West Coast I	ife Insurance	Company			
S	nents Departn				
2801 Highwa					
Birmingham,					
			THE ABOVE SPACE	CE IS FOR FILING OFF	ICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE#			1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the		
20040123000038620			minated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.		
3. CONTINUATION: continued for the add	Effectiveness of the tional period provide	Financing Statement identified above d by applicable law.	with respect to security interest(s) of the Secured F	arty authorizing this Conti	nuation Statement is
4. ASSIGNMENT (full	or partial): Give nar	ne of assignee in item 7a or 7b and ad	dress of assignee in item 7c; and also give name of a	ssignor in item 9.	<u> </u>
5. AMENDMENT (PART	Y INFORMATION): This Amendment affects Debt	or or Secured Party of record. Check only one	of these two boxes.	
Also check <u>one</u> of the follo	wing three boxes <u>and</u>	d provide appropriate information in ite	ms 6 and/or 7.		lete item 7a or 7b, and also
CHANGE name and/o	r address: Give cume) in item 7a or 7b and	ent record name in item 6a or 6b; also donners address (if address change) i	give new DELETE name: Give record name to be deleted in item 6a or 6b.	item 7c; also comp	lete item 7a or 7b, and also lete items 7d-7g (if applicable).
6. CURRENT RECORD IN					, <u>, , , , , , , , , , , , , , , , , , </u>
6a. ORGANIZATION'S					
Protective Life		ipany		MIDDLE NAME	SUFFIX
6b. INDIVIDUAL'S LAS	TNAME		FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR	ADDED INFORMAT	ION:		· · · · · · · · · · · · · · · · · · ·	
7a. ORGANIZATION'S					
West Coast Life		mpany		MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAS	7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	
			<u> </u>	STATE POSTAL COD	F COUNTRY
7c. MAILING ADDRESS			CITY	AL 35223	USA
2801 Highway 280			Birmingham	7g. ORGANIZATIONAL I	
	ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	ry. ONGANIZATIONALT	- I1
	DEBTOR				NONE
8. AMENDMENT (COLL	ATERAL CHANG	E): check only one box.			
Describe collateral d	eleted or added	, or give entire restated collateral	description, or describe collateral assigned.		
9. NAME OF SECURE	PARTY OF REC	ORD AUTHORIZING THIS AME	NDMENT (name of assignor, if this is an Assignment	nt). If this is an Amendment	authorized by a Debtor which
		or it this is a Termination authorized b	y a Debtor, check here and enter name of DEB		,
9a, ORGANIZATION'S					
West Coast Life	Insurance Co	mpany		MIDDLE NAME	SUFFIX
9b. INDIVIDUAL'S LAS	TNAME		FIRST NAME	WINDOLL MAINE	
j					

10. OPTIONAL FILER REFERENCE DATA

File in Shelby County, Alabama



UCC FINANCING STAT	EMENTAMENDME	ENT ADDENDUM
FOLLOW INSTRUCTIONS (front and		
11. INITIAL FINANCING STATEMEN	IT FILE # (same as item 1a on Ame	ndment form)
20040123000038620		
12. NAME OF PARTY AUTHORIZION 128. ORGANIZATION'S NAME Protective Life Insurance		item 9 on Amendment form)
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFD

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13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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