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AME & PHONE OF CONTACT AT FILER [optional] Incy Clarke - (205) 268-3605 END ACKNOWLEDGMENT TO: (Name and Address) Protective Life Insurance Company □ P. O. Box 2606 □ Birmingham, Alabama 35202 □ ATTN: Investment Department Intial Financing Statement Investment Department Intial Financing Statement Interpretation of the ATTN: Investment Department CONTINUATION: Effectiveness of the Financing Statement Identified above with continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of the King of the following three boxes and provide appropriate information in items of check one of the following three boxes and provide appropriate information in items (If name change) in item 7a or 7b and/or new address (if address change) in ite JRRENT RECORD INFORMATION: B. INDIVIDUAL'S LAST NAME HANGED (NEW) OR ADDED INFORMATION: a. ORGANIZATION'S NAME B. INDIVIDUAL'S LAST NAME FIRE HANGED (NEW) OR ADDED INFORMATION: a. ORGANIZATION'S NAME B. INDIVIDUAL'S LAST NAME FIRE HANGED (NEW) OR ADDED INFORMATION: a. ORGANIZATION'S NAME B. INDIVIDUAL'S LAST NAME B. INDIVIDUAL'S LAST NAME FIRE HANGED (NEW) OR ADDED INFORMATION: a. ORGANIZATION'S NAME	THE ABOVE SI minated with respect to security interest(s) of the ith respect to security interest(s) of the Secure ess of assignee in item 7c; and also give name of Secured Party of record. Check only if 6 and/or 7. In new Secured Party of record. Give record name of the sem 7c. DELETE name: Give record name of the sem 7c. DELETE name: Give record name of the sem 7c.	PACE IS FOR FILING 1b. This FINANCI to be filed [for REAL ESTATI e Secured Party authoriz ed Party authorizing this of assignor in item 9. One of these two boxes. MIDDLE NAME MIDDLE NAME	GOFFICE USE ONLY GOFFICE USE ONLY NG STATEMENT AMENDME record] (or recorded) in the ERECORDS. Ling this Termination Statement Continuation Statement is Complete item 7a or 7b, and a complete items 7d-7g (if appli
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM! FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20060511000222190 - filed 05/11/2006

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

Protective Life Insurance Company

OR 12b. INDIVIDUAL'S LAST NAME

12a. ORGANIZATION'S NAME

FIRST NAME

MIDDLE NAME SUFFIX

13. Use this space for additional information



Shelby Cnty Judge of Probate, AL 04/25/2011 10:49:20 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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