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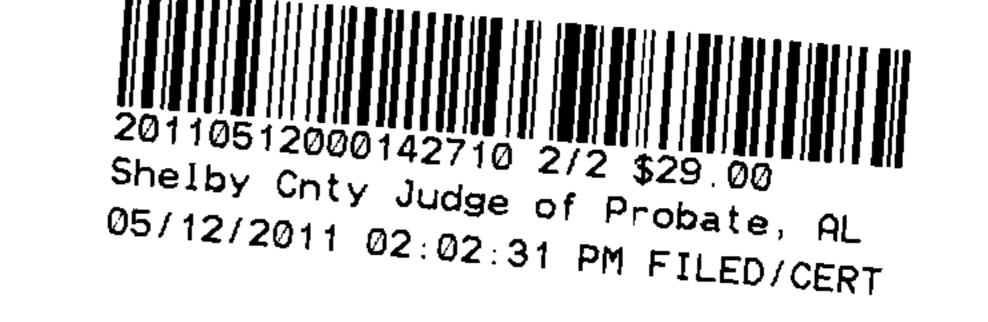
20110512000142710 1/2 \$29.00 Shelby Cnty Judge of Probate, AL 05/12/2011 02:02:21 DM ET ED (CED

## UCC FINANCING STATEMENT AMENDMENT

05/12/2011 02:02:31 PM FILED/CERT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Michael Stroker - (312) 223-2092 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Chicago Title Insurance Company 171 N. Clark Street, 3rd Floor Chicago, Illinois 60601-3294 ATTN: Michael Stroker THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE# to be filed [for record] (or recorded) in the 20060915000459240 - filed 09/15/2006 REAL ESTATE RECORDS. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMÉNT (full of partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. ADD name: Complete item 7a or 7b, and also CHANGE name and/or address: Give current record name in item 6a or 6b; also give new ☐ DELETE name: Give record name item 7c; also complete items 7d-7g (if applicable). name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME Vinson Realty Co., Inc. MIDDLE NAME **SUFFIX** 6b. INDIVIDUAL'S LAST NAME FIRST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME Protective Life Insurance Company SUFFIX MIDDLE NAME FIRST NAME COUNTRY POSTAL CODE STATE CITY 7c. MAILING ADDRESS 35223 USA Birmingham 2801 Highway 280 South, ATTN: Investment Dept. 7g. ORGANIZATIONAL ID #, if any 7f. JURISDICTION OF ORGANIZATION 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION 0040872 corporation Tennessee NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🔲 and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Liberty Life Insurance Company MIDDLE NAME SUFFIX **FIRST NAME** 

Loan 752 - Liberty Life to PLICO - to be filed in Shelby County Probate Office, AL

10 OPTIONAL FILER REFERENCE DATA



## UCC FINANCING STATEMENT AMENDMENT ADDENDUM!

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FOL	LOW INSTRUCTIONS (front and ba	ick) CAREFULLY			
11.	NITIAL FINANCING STATEMENT	FILE # (same as item 1a on Ame	ndment form)		
20	060915000459240 - filed 09	/15/2006	<u></u>		
12.	NAME OF PARTY AUTHORIZING	THIS AMENDMENT (same as	item 9 on Amendment form)		
	12a. ORGANIZATION'S NAME				
^ <b>5</b>	Liberty Life Insurance Company				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX		

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY