

11-16-1998

FORM PTO-1594

U.S. Department of Commerce

(Rev. 6-93)

Patent and Trademark Office

OMB No. 0651-0011 (exp. 4/94)



11/10/98

100877426

To the Honorable Commissioner of Patents and Trademarks

or copy thereof.

1. Name of conveying party(ies):

TIME INSURANCE COMPANY

Individual(s) Association
General Partnership Limited Partnership
XX Corporation-State (Wisconsin)
Other

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

Assignment Merger
Security Agreement X Change of Name
Other

Effective Date: April 1, 1998

2. Name and address of receiving party(ies):

Name: FORTIS INSURANCE COMPANY

Internal Address:

Street Address: 501 W. Michigan Avenue

City: Milwaukee State: WI Zip: 53201

Individual(s) citizenship
Association
General Partnership
Limited Partnership
X Corporation-State Wisconsin
Other

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from Assignment)
Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):

A. Trademark Application No.(s): 75/407,789

B. Trademark Registration No.(s):

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Marsha Stolt

Internal Address: Arnold, White & Durkee

Street Address: P.O. Box 4433

City: Houston State: Texas Zip: 77210

6. Total number of applications and registrations involved: 1

7. Total fee (37 C.F.R. 3.41) \$ 40.00

[\$40 for 1st...\$25 each additional]

X Enclosed
Authorized to be charged to deposit account if check insufficient or inadvertently omitted

8. Deposit account number: 01/2508/FTIS:009/STM

(Attach duplicate copy of this page if paying by deposit account)

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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Marsha Stolt
Marsha Stolt

Signature

11-10-98
Date

Total number of pages including cover sheet, attachments and documents:

Mail documents to be recorded with required cover sheet information to:

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to: U.S. Patent and Trademark Office, Office of Public Records, Crystal Gateway 4, Room 335, Washington, D.C. 20231, on the date below:

11-10-98
Date

Marsha Stolt
Signature



State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873

Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

AMENDED AND RESTATED ARTICLES OF INCORPORATION

for **TIME INSURANCE COMPANY (TO BE KNOWN AS FORTIS INSURANCE COMPANY
EFFECTIVE APRIL 1, 1998)**
is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 28th day of January, 1998

Randy Blumer
Commissioner of Insurance