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To the Honorable Commissioner of Patents and Trademarks

100878116

original documents or copy thereof.

1. Name of conveying party(ies): 10-26-98  
 John Hancock Mutual Life Insurance Company,  
 dba AKA John Hancock Financial Services and  
 John Hancock

Individual(s)                       Association  
 General Partnership               Limited Partnership  
 Corporation-State  
 Other \_\_\_\_\_

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

2. Name and address of receiving party(ies)  
 Name: WellPoint Health Networks Inc.  
 Internal Address: \_\_\_\_\_  
 Street Address: 21555 Oxnard Street  
 City: Woodland Hills State: CA ZIP: 91367

Individual(s) citizenship \_\_\_\_\_  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 Corporation-State Delaware  
 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

3. Nature of conveyance:

Assignment                               Merger  
 Security Agreement                       Change of Name  
 Other \_\_\_\_\_

Execution Date: 12 October 1998

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

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1,751,505

Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:  
 Name: Harris Zimmerman  
 Internal Address: \_\_\_\_\_

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

Enclosed

Authorized to be charged to deposit account

8. Deposit account number:

26-0265

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

11/13/1998 JSH/DAZZ 00000045 260265 1751505

01 FC:481 40.00 CH

Street Address: 1330 Broadway, Suite 710

City: Oakland State: CA ZIP: 94612

DO NOT USE THIS SPACE

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.

Harris Zimmerman  
Name of Person Signing

Signature

October 23, 1998  
Date

Total number of pages including cover sheet, attachments, and document: 2

Pharmacy Access

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

Commissioner of Patents & Trademarks, Box Assignments  
Washington, D.C. 20231

**TRADEMARK**  
**REEL: 1813 FRAME: 0219**

### ASSIGNMENT

WHEREAS, John Hancock Mutual Life Insurance Company, dba AKA John Hancock Financial Services and John Hancock a corporation with its principal business address of 200 Clarendon Street, Boston, Massachusetts, is the owner of the following United States Registration:

<u>Mark</u>	<u>Reg. No.</u>
PHARMACYACCESS .....	1.751.505

WHEREAS, WellPoint Health Networks Inc., a corporation organized and existing under the Laws of the State of Delaware, with its principal business address of 21555 Oxnard Street, Woodland Hills, California 91367, is desirous of acquiring the entire right, title and interest, in and to said mark and the registration thereon;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, John Hancock Mutual Life Insurance Company, dba AKA John Hancock Financial Services and John Hancock does hereby assign to the said WellPoint Health Networks Inc. the entire right, title and interest in and to said mark and the registration thereon, together with the goodwill of the business symbolized by the said mark.

This assignment shall be effective as of March 1, 1997..

IN WITNESS WHEREOF, John Hancock Mutual Life Insurance Company, dba AKA John Hancock Financial Services and John Hancock has hereunto set its hand this 12th day of October, 1998.

John Hancock Mutual Life Insurance Company, dba AKA John Hancock Financial Services and John Hancock

X By: Thomas E. Moloney

Name & Title: Thomas E. Moloney  
Chief Financial Officer

State of Massachusetts )  
County of Suffolk ) ss.

On this 12th day of October, 1998, before me, personally appeared Thomas E. Moloney

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

IN WITNESS WHEREOF, I have hereby set my hand and affixed my official seal, the day and year first above written.

Carmela L. Damico  
Notary Public in and for said County and State