



10-26-1999

10-29-1999

U.S. Patent & TMO/c/TM Mail Rcpt Dt. #26

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- New
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Conveyance Type

- Assignment  License
- Security Agreement  Nunc Pro Tunc Assignment  
Effective Date  
Month Day Year \_\_\_\_\_
- Merger
- Change of Name
- Other \_\_\_\_\_

Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year

Name Consumer Health Network Acquisition Corporation

10 18 99

Formerly \_\_\_\_\_

- Individual  General Partnership  Limited Partnership  Corporation  Association

Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization New Jersey

Receiving Party

Mark if additional names of receiving parties attached

Name Selective Insurance Group, Inc.

DBA/AK/TA \_\_\_\_\_

Composed of \_\_\_\_\_

Address (line 1) 40 Wantage Avenue Branchville, NJ 07890

Address (line 2) \_\_\_\_\_

Address (line 3) \_\_\_\_\_

City

State/Country

Zip Code

- Individual  General Partnership  Limited Partnership  If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
- Corporation  Association
- Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization New Jersey

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10/26/1999 NTHAI1 00000278-1891320

01 FC:481 40.00 OP  
02 FC:482 50.00 OP

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Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

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**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

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**Trademark Application Number(s) or Registration Number(s)**

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Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

**Trademark Application Number(s)**

**Registration Number(s)**

**Number of Properties**

Enter the total number of properties involved.

#

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

**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. Charges to deposit account are authorized, as indicated herein.

James F. Bromley

0-26-99

Names of Person Signing

Signature

Date Signed


ASSIGNMENT OF REGISTRATIONS OF SERVICE MARKS

WHEREAS Consumer Health Network Acquisition Corporation of 908 Oak Tree Road, Suite C, South Plainfield, New Jersey 07080, has adopted, used, and is using service marks which are registered in the United States Patent and Trademark Office as Registration No. 1,891,320 dated April 25, 1995; Registration No. 1,920,081 dated September 19, 1995; and Registration No. 2,183,769 dated August 25, 1998; and


WHEREAS Selective Insurance Group, Inc., of 40 Wantage Avenue, Branchville, New Jersey 07890, is desirous of acquiring the said service marks and the registrations thereof;

NOW, THEREFORE, for good and valuable consideration receipt of which is hereby acknowledged, said Consumer Health Network Acquisition Corporation does hereby assign unto the said Selective Insurance Group, Inc., all right, title and interest in and to the said service marks, together with the good will of the business symbolized by the service marks, and the above identified registrations thereof.

CONSUMER HEALTH NETWORK ACQUISITION  
CORPORATION

By:   
Vice President

SELECTIVE INSURANCE GROUP, INC.

By:   
Assistant Vice President

