

12.28.99

FORM PTO-1618A  
Expires 06/30/99  
OMB 0651-0027

01-24-2000

U.S. Department of Commerce  
Patent and Trademark Office  
TRADEMARK

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RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

New

Resubmission (Non-Recordation)  
Document ID #

Correction of PTO Error  
Reel #  Frame #

Corrective Document  
Reel #  Frame #

Conveyance Type

Assignment  License

Security Agreement  Nunc Pro Tunc Assignment

Merger  Effective Date  
Month Day Year

Change of Name

Other

Conveying Party

Mark if additional names of conveying parties attached

Name  Execution Date  
Month Day Year

Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

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

Refund Ref:

Citizenship/State of Incorporation/Organization

01/21/2000 DATES 00000057 75335485

FOR OFFICE USE ONLY

01 FC:481	40.00 OF
02 FC:482	125.00 GP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK

REEL: 002015 FRAME: 0753

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages**

Enter the total number of pages of the attached conveyance document including any attachments. #

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

Mark if additional numbers attached

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)**

<input type="text" value="75335485"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text" value="1993903"/>	<input type="text" value="1956418"/>	<input type="text" value="1805883"/>
<input type="text" value="1264568"/>	<input type="text" value="2086608"/>	<input type="text"/>
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**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.)

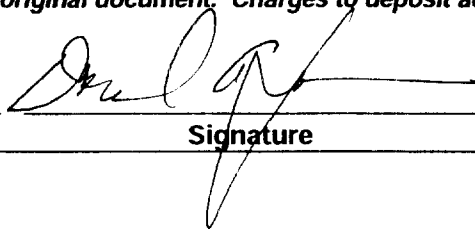
Deposit Account Number: #

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.

David A. Jensen



December 2, 1999

Name of Person Signing

Signature

Date Signed

**RECORDATION FORM COVER SHEET  
CONTINUATION  
TRADEMARKS ONLY**

FORM PTO-1618C  
Expires 06/30/99  
OMB 0651-0027

U.S. Department of Commerce  
Patent and Trademark Office  
**TRADEMARK**

**Conveying Party**

Mark if additional names of conveying parties attached

Enter Additional Conveying Party

Execution Date  
Month Day Year

Name

Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship State of Incorporation/Organization

**Receiving Party**

Mark if additional names of receiving parties attached

Enter Additional Receiving Party

Name

DBA/AKA/TA

Composed of

Address (line 1)

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City State/Country Zip Code

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ASSIGNMENT OF TRADEMARKS

Whereas, New Hampshire-Vermont Health Service, hereafter referred to as applicant/registrant, has filed and/or registered certain trademarks with the United States Patent and Trademark Office,

Whereas, Anthem Insurance Companies, Inc. herein referred to "assignee" whose address is 3000 Goffs Falls Road, Manchester, NH 03111-0001 is desirous of acquiring the entire right, title, interest, and associated good will in the same;

Now, therefore, in consideration of the sum of one dollar (\$ 1.00 ) and other valuable consideration, the receipt whereof is acknowledged, and other good and valuable consideration, the applicant/registrant, by these presents does sell, assign and transfer unto said assignee the full and exclusive right to the said trademarks and the associated good will in the United States and the entire right, title and interest in and to any and all trademarks which may be granted therefor in the United States, the applicant/registrant hereby authorizes and requests the Commissioner of Patents and Trademarks to assign said trademarks in the United States Patent to said assignee, of the entire right, title, interest, and associated good will in and to the same, for its sole use and behoof; and for the use and behoof of its legal representatives, to the full end of the term for which said trademarks may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 7<sup>th</sup> day of December, 1999,  
at 3000 Goffs Falls Road, Manchester, NH 03111-0001.

NEW HAMPSHIRE-VERMONT HEALTH SERVICE

By: [Signature]  
David A. Jensen, President

CORPORATE ACKNOWLEDGMENT

State of New Hampshire )  
County of Hillsborough ) ss.

On this 7<sup>th</sup> day of December, 1999 before me Frank C. Giacomis the undersigned officer, personally appeared David A. Jensen known personally to me to be the President of the above named corporation and acknowledged that he, as an officer being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

(SEAL)

[Signature]  
Notary Public/Justice of the Peace  
My Commission Expires \_\_\_\_\_  
FRANK C. GIACOMIS, Notary Public,  
My Commission Expires November 10, 2004