

02-14-2001

2.6.01



101613845

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 # 101512237
- Correction of PTO Error
Reel # [] Frame # []
- Corrective Document
Reel # [] Frame # []

Conveyance Type

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

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name Transamerica Occidental Life Insurance Company

08222000

Formerly []

- Individual General Partnership Limited Partnership Corporation Association
- Other []
- Citizenship/State of Incorporation/Organization California

Receiving Party

Mark if additional names of receiving parties attached

Name National Heritage Insurance Company

DBA/AKA/TA []

Composed of []

Address (line 1) 5400 Legacy Drive

Address (line 2) H3-3A-05

Address (line 3) Plano Texas 75024
City State/Country Zip Code

- Individual General Partnership Limited Partnership Association
- Corporation
- Other []
- Citizenship/State of Incorporation/Organization a Texas Insurance Company

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.)

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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

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)

<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"/>

Registration Number(s)

<input type="text" value="1,630,640"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

L. Joy Griebenow
Name of Person Signing

L. Joy Griebenow
Signature

10/05/00

Date Signed

11-09-2000



101512237

MKD
10/11/00

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Citizenship/State of Incorporation/Organization

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11/08/2000 AHMED1 00000085 050765 1630640
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TRADEMARK
REEL: 002234 FRAME: 0041

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)

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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No

Statement and Signature

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L. Joy Griebenow
Name of Person Signing


Signature

10/05/00

Date Signed


ASSIGNMENT

WHEREAS Transamerica Occidental Life Insurance Company, a California corporation of 1150 South Olive Street, Los Angeles, California 90015-2211 is the owner of the mark SET.1, which is registered in the United States Patent and Trademark Office, No. 1,630,640, and

WHEREAS National Heritage Insurance Company, a Texas Insurance Company incorporated under the provisions of the Texas Insurance Code, of 402 Otterson Drive, Chico, California 95928 is desirous of acquiring said mark and the registration thereof;

NOW THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, said Transamerica Occidental Life Insurance Company does hereby assign unto the said National Heritage Insurance Company all right, title and interest in and to the said mark, together with the good will of the business symbolized by the mark, and the above identified registration thereof.

Transamerica Occidental Life Insurance Company

By:  8/22/00

Name: George Garcia

Title: Vice President and Chief Medicare Officer

NOTARIAL ACKNOWLEDGMENT

<X> CORPORATION

< > PARTNERSHIP

< > INDIVIDUAL

State of California)

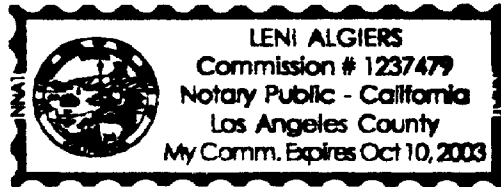
)

County of Los Angeles)

On August 22, 2000, before me, Leni Algiers, Notary Public personally appeared George Garcia, personally known to me (or proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Leni Algiers
Signature of Notary



(Affix seal in the above blank space)