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Form PTO-1594
1-31-92

08-28-2001



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U.S. Department of Commerce
Patent and Trademark Office

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Our Ref.: 3101-188

Commissioner of Patents and Trademarks
Box Assignments, Washington, DC 20231

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Colonial Penn Insurance Company

500 Virginia Drive

Fort Washington, Pennsylvania 19034

☐ Individual(s)☐ Association☐ General partnership☐ Limited Partnership☒ Corporation-State: Pennsylvania☐ Other:

3. Nature of conveyance:

☐ Assignment☐ Merger☐ Security Assignment☐ Change of Name☒ Other: corrective assignment to delete Reg. No. 826563

Execution Date: January 3, 2001

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

Name: Conesco Direct Life Insurance Company

Internal Address:

Street Address: 399 Market Street, 5th Floor

City: Philadelphia

State/Country: Pennsylvania

Zip: 19181

☒ Individual(s) citizenship☐ Association☐ General Partnership☐ Limited Partnership☒ Corporation-State: Pennsylvania☐ OtherIf 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):

If this document is being filed together with a new application, the execution date of the application is:

A. Trademark Application No.(s)

(1)

(2)

(3)

B. Trademark Registration No.(s)

(1) 1362432; 1658504; 872770, 1649683

(2) 1652586, 1509548, 1890117, 1087469

(3) 2123339, 2122464, 826553, 1096261

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence

concerning document should be mailed:

Name: Frank P. Presta

Internal Address:

Street Address: Nixon & Vanderhye P.C.

1100 North Glebe Road

8th Floor

City: Arlington State: VA Zip: 22201

6. Total number of applications and registrations involved in
correction: 1

7. Total fee (37 CFR 3.41)

☐ Enclosed☒ Authorized to be charged to deposit account #14-11408. The Commissioner is hereby authorized to charge any
deficiency in the fee(s) filed, or asserted to be filed, or which
should have been filed herewith (or with any paper thereafter
filed in this application by this firm) to our Account No.
14-1140.

DO NOT USE THIS SPACE

9. Statements 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.

Frank P. Presta

Name of Person Signing

Signature

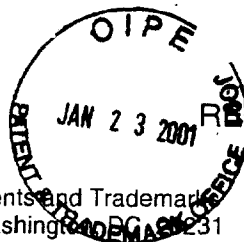
August 23, 2001

Date

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

TRADEMARK
REEL: 002355 FRAME: 0972

492614



Our Ref.: 3101-188

Commissioner of Patents and Trademarks
Box Assignments, Washington, DC 20531

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Colonial Penn Insurance Company
500 Virginia Drive
Fort Washington, Pennsylvania 19034
- ☐ Individual(s)
☐ General partnership
☒ Corporation-State: Pennsylvania
☐ Other: _____
- ☐ Association
☐ Limited Partnership

1-93-01

3. Nature of conveyance:

- ☒ Assignment
☐ Security Assignment
☐ Other: _____
- ☐ Merger
☐ Change of Name

Execution Date: January 3, 2001

2. Name and address of receiving party(ies):
Name: Conesco Direct Life Insurance Company
Internal Address: _____
Street Address: 399 Market Street, 5th Floor
City: Philadelphia
State/Country: Pennsylvania
Zip: 19181
- ☐ Individual(s) citizenship
☐ Association
☐ General Partnership
☐ Limited Partnership
☒ Corporation-State: Pennsylvania
☐ 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):

If this document is being filed together with a new application, the execution date of the application is: _____

A. Trademark Application No.(s)

- (1)
(2)
(3)

B. Trademark Registration No.(s)

- (1) 1362432; 1658504; 872770, 1649683
(2) 1652586, 1509548, 1890117, 1087469
(3) 2123339, 2122464, 826563, 1096261

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence

concerning document should be mailed:

Name: Frank P. Presta

Internal Address: _____

Street Address: Nixon & Vanderhye P.C.

1100 North Glebe Road

8th Floor

City: Arlington State: VA Zip: 22201

6. Total number of applications and registrations involved: 12

7. Total fee (37 CFR 3.41)

\$315.00

☒ Enclosed

☐ Authorized to be charged to deposit account #14-1140

8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.

DO NOT USE THIS SPACE

315E

9. Statements 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.

Frank P. Presta

Name of Person Signing

Signature

January 23, 2001

Date

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

Schedule A

MARKS

<u>MARK</u>	<u>REGISTRATION NO.</u>
COLONIAL PENN®	1,362,432
COLONIAL PENN	1,658,504
Plus Revolutionary Figure Design®	
CP Design®	0,872,770
GUARDING YOUR FUTURE®	1,649,683
Revolutionary Figure Design®	1,652,586
COLONIAL CARE®	1,509,548
FRIENDS OF COLONIAL PENN®	1,890,117
MATURE-CARE 65	1,087,469
COLONIAL PENN SAFE DRIVE CENTER®	2,123,339
CPDIRECT®	2,122,464
COORDINATED CARE	0,826,553
DAY ONE	1,096,261
	<u>SERIAL NO.</u>
COLONIAL PENN ROADSIDE ASSISTANCE PLAN (Abandoned)	74/589,555