

05-20-2002

HEET

5-20-2001



TO THE ASSISTANT COMMISSIONER OF P

attached original documents or copy thereof.

102096315

1. Name of conveying party(ies): (If multiple assignors, list numerically) Name and address of receiving party(ies):

FLASH UNDERWRITING.COM

Name: KNOBBE, MARTENS, OLSON & BEAR, LLP
Internal Address: Sixteenth Floor
Street Address: 620 Newport Center Drive
City: Newport Beach State: CA ZIP: 92660

- () Individual
() Association
() General Partnership
() Limited Partnership
(X) Corporation - State California
() Other:

- () Individual
() Association
() General Partnership
(X) Limited Partnership
() Corporation - State
() Other:

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

If assignee is not domiciled in the United States, a domestic representative designation is attached: () Yes (X) No

(Designations must be a separate document from Assignment)

Additional name(s) and address(es) attached?
() Yes (X) No

3. Nature of conveyance:

- () Assignment
() Merger
() Security Agreement
() Change of Name
(X) Other: Security Interest

4. Application number(s) or registration number(s)

- a. Trademark Application No(s): 76/026,234
b. Trademark Registration No(s):

Execution Date: (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above) May 6, 2002

Additional numbers attached? (X) Yes () No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: James B. Bear
KNOBBE, MARTENS, OLSON & BEAR, LLP
Customer No. 20,995
Internal Address: Sixteenth Floor
Street Address: 620 Newport Center Drive
City: Newport Beach State: CA ZIP: 92660
Attorney's Docket No.: FLUND.UCC1

7. Total fee (37 CFR 1.21(h)): \$65.00

- (X) Enclosed
() Authorized to be charged to deposit account

8. Deposit account number: 11- 410

Please charge this account for any additional fees which may be required, or credit any overpayment to this account.

6. Total number of applications and registrations involved: 2

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.

James B. Bear
Name of Person Signing

Signature

Date 5/10/02

Total number of pages including cover sheet, attachments and document: 3

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

05/20/2002 DBYRNE 00000235 76026234
01 FC:481 40.00 OP
02 FC:482 25.00 OP

U.S. Patent and Trademark Office
Attn: Assignment Division
Crystal Gateway-4
1213 Jefferson Davis Highway, Suite 320
Arlington, VA 22202

TRADEMARK
REEL: 002509 FRAME: 0208

Trademark Status Report

Exhibit "A"

Case Number	Trademark Name	Class	Country	Status	Application Number	Filing Date	Reg Number	Reg Date	Renewal Date
FLUND.003T	FLASHUNDERWRITING	36	US	Published	76/026234	4/14/00			
FLUND.003WCA	FLASHUNDERWRITING	35	CA	Pending	1078765	10/16/00			
FLUND.004WCA	FLASHUNDERWRITING	35	CA	Pending	1078763	10/16/00			
FLUND.007T	E-LIFEUNDERWRITING @ THE SPEED OF LIGHT	36	US	Published	76/026236	4/14/00			
FLUND.007WCA	FLASHUNDERWRITING	35	CA	Pending	1078764	10/16/00			

Monday, May 13, 2002

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Cristina Diaz 949-863-5781

B. SEND ACKNOWLEDGMENT TO: (Name and Address)
 [Knobbe, Martens, Olson & Bear, LLP
 Attn: Cristina Diaz
 620 Newport Center Drive, 16th Floor
 Newport Beach, Ca 92660

FILED
 SACRAMENTO, CA
 MAY 06, 2002 AT 1700
 BILL JONES
 SECRETARY OF STATE

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
Flash Underwriting.Com

OR
 1b. INDIVIDUAL'S LAST NAME

1c. MAILING ADDRESS
20 Corporate Park, Suite 300

CITY
Irvine

STATE
CA

POSTAL CODE
92606

COUNTRY
US

1d. TAX ID #: SSN OR EIN

ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION
CA

1g. ORGANIZATIONAL ID #, if any NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR
 2b. INDIVIDUAL'S LAST NAME

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. TAX ID #: SSN OR EIN

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
Knobbe, Martens, Olson & Bear, LLP

OR
 3b. INDIVIDUAL'S LAST NAME

3c. MAILING ADDRESS
620 Newport Center Drive, 16th Floor Newport Beach

CITY
Newport Beach

STATE
CA

POSTAL CODE
92660

COUNTRY
US

4. This FINANCING STATEMENT covers the following collateral:

"All of debtor's intellectual property which is the subject of secured party's representation, on any recoveries from litigation involving such intellectual property and on any other proceeds of such intellectual property, including but not limited to the property described on Attachment A hereto."

See Attached Exhibit "A"

5. ALTERNATIVE DESIGNATION (if applicable):

LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
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6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) (ADDITIONAL FEE)

ALL Debtors	Debtor 1	Debtor 2
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8. OPTIONAL FILER REFERENCE DATA