

Form PTO-1594

(Rev. 10/02)

OMB No. 0651-0027 (exp. 6/30/2005)

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

Tab settings

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

1. Name of conveying party(ies):

California Insurance Marketing Services

- Individual(s)
- General Partnership
- Corporation-State
- Other
- Association
- Limited Partnership

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

2. Name and address of receiving party(ies)

Name: WellPoint Health Networks Inc.

Internal Address: _____

Street Address: One WellPoint Way

City: Thousand Oaks State: CA Zip: 91362

- Individual(s) citizenship _____
- Association _____
- General Partnership _____
- Limited Partnership _____
- Corporation-State Delaware
- 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

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other
- Merger
- Change of Name

Execution Date: 11/14/2003

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

A. Trademark Application No.(s) _____

B. Trademark Registration No.(s) 1.331.256

Additional number(s) attached Yes No

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

Name: Harris Zimmerman, Esq.

Internal Address: _____

Street Address: 1330 Broadway, Suite 710

City: Oakland State: CA Zip: 94612-2506

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:
26-0265

DO NOT USE THIS SPACE

9. Signature.

Harris Zimmerman
Name of Person Signing


Signature

11/24/2003
Date

Total number of pages including cover sheet, attachments, and document: 2

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

CH \$40.00 260265 1331256

ASSIGNMENT of TRADEMARK

WHEREAS, California Insurance Marketing Services is the owner of the trademark CIMS and Federal Registration No. 1.331.256 thereon; and

WHEREAS, WellPoint Health Networks Inc., a corporation organized and existing under the Laws of the State of Delaware, with its principal business address of One WellPoint Way, Thousand Oaks CA 91362, is desirous of acquiring the entire right, title and interest, in and to the said trademark together with the goodwill of the business symbolized by the mark, and the registration thereon;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, California Insurance Marketing Services does hereby assign to the said WellPoint Health Networks Inc. the entire right, title and interest in and to the said mark, together with the goodwill of the business symbolized by the said mark, the registration thereon, and the right to sue for past infringement thereof.

THIS ASSIGNMENT is effective as of November 14, 2003.

IN WITNESS WHEREOF, California Insurance Marketing Services has hereunto set its hand this 14th day of Nov, 2003.

California Insurance Marketing Services

By: Thomas Geiser
Name: Tom Geiser
Title: Secretary

State of California]
County of Ventura]

ss.

On this 14th day of Nov, 2003, before me, personally appeared Tom Geiser, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

IN WITNESS WHEREOF, I have hereby set my hand and affixed my official seal, the day and year first above written.



Patricia M. Diaz
Notary Public in and for said County and State