


Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings $\Rightarrow \Rightarrow \Rightarrow$	RECORDATION FORM COVER SHEET TRADEMARKS ONLY	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): <u>Lumbermens Mutual Casualty Company</u> <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <u>Illinois</u> <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>St. Paul Fire and Marine</u> <u>Internal Insurance Company</u> Address: _____ Street Address: <u>385 Washington Street</u> City: <u>St. Paul</u> State: <u>MN</u> Zip: <u>55102</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>Minnesota</u> <input type="checkbox"/> Other _____ <small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment)</small> <small>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</small>	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>12/16/2003</u>	4. Application number(s) or registration number(s): A. Trademark Application No.(s) <u>75/830612 - GREATLAND</u> B. Trademark Registration No.(s) Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Robin Ramswick Fuller</u> Internal Address: _____ <u>Mail Code 515A</u> Street Address: _____ <u>385 Washington Street</u> City: <u>St. Paul</u> State: <u>MN</u> Zip: <u>55102</u>	6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 3.41).....\$ <u>40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>50-1991</u> <small>(Attach duplicate copy of this page if paying by deposit account)</small>	
DO NOT USE THIS SPACE		
9. Statement and signature. <i>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.</i> <u>Sarah M. House</u>  <u>12/19/2003</u> Name of Person Signing Signature Date Total number of pages including cover sheet, attachments, and document: 3		

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

TRADEMARK ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged;

Lumbermens Mutual Casualty Company ("Lumbermens"), a corporation of the state of Illinois, having an office and place of business at One Kemper Drive, Long Grove, Illinois, 60049, hereby sells, assigns and transfers unto:

St. Paul Fire and Marine Insurance Company ("St. Paul"), a corporation of the state of Minnesota, having an office and place of business at 385 Washington Street, St. Paul, Minnesota 55102-1396;

as assignee, and its successors, assigns and legal representatives, the entire right, title and interest in and to the trademarks identified on Schedule I including any and all common law rights, pending applications and registrations thereof, all trade name rights, service name rights and together with all of the goodwill of the business pertaining to such marks which is ongoing and existing.

IN WITNESS WHEREOF, Lumbermens Mutual Casualty Company has caused this assignment to be duly executed as of the date and the year set forth herein.

LUMBERMENS MUTUAL CASUALTY COMPANY

Signature: *[Handwritten Signature]*

Printed Name: John Keating Conway

Title: General Counsel

STATE OF Illinois)
COUNTY OF Lake) ss.

On this 16th day of December, ~~2001~~ ²⁰⁰³, before me personally appeared JOHN K. CONWAY, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

[Handwritten Signature]
Notary Public



SCHEDULE I

Mark	U.S. Serial No.	Filing Date	Applicant
GREATLAND	75-830612	October 25, 1999	Lumbermens Mutual Casualty Company