

07-13-2004



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MARKS ONLY

Form PTO-1594
(Rev. 10/02)
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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.

<p>1. Name of conveying party(ies): <u>Warrior Insurance Group, Inc.</u></p> <p><u>7-9-04</u></p> <p><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 <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) Name: <u>New Agency, LLC.</u> Internal Address: _____ Address: _____ Street Address: <u>6640 South Cicero Ave.</u> City: <u>Bedford Park</u> State: <u>IL</u> Zip: <u>60638</u></p> <p><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 _____ <input checked="" type="checkbox"/> Other <u>Limited Liability Company</u></p> <p>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) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Asset Acquisition</u></p> <p>Execution Date: <u>January 7, 2002</u></p>	<p>4. Application number(s) or registration number(s): A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) <u>2,372,895</u></p> <p>Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Roger N. Chauza, Esq.</u> Internal Address: _____ Street Address: <u>P.O. Box 14006</u> City: <u>Irving</u> State: <u>TX</u> Zip: <u>75014</u></p>	<p>6. Total number of applications and registrations involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41).....\$ <u>40</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: _____ (Attach duplicate copy of this page if paying by deposit account)</p>
<p style="text-align: center;">DO NOT USE THIS SPACE</p> <p>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></p> <p><u>Roger N. Chauza</u> Name of Person Signing</p> <p><u>[Signature]</u> Signature</p> <p><u>July 6, 2004</u> Date</p> <p style="text-align: right;">Total number of pages including cover sheet, attachments, and document: <u>4</u></p>	

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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
REEL: 003005 FRAME: 0725

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mark: InsureOne (stylized)
Registration No.: 2,372,895
Serial No.: 75/800,613
Registration Date: August 1, 2000
Owner: InsureOne Independent Insurance Agency, LLC

Commissioner for Trademarks
2900 Crystal Drive
Arlington, VA 22202-3514

Dear Sir:

DECLARATION OF NAME CHANGE

I, David B. Snyder, Vice-President of InsureOne Independent Insurance Agency, LLC, of 4450 Sojourn Drive, Suite 500, Addison, Texas 75001, verify and declare that the following facts are true and accurate.

1. On or about January 1st, 2002, Warrior Insurance Group, the previous owner of the above-identified mark, transferred all of its assets, including its goodwill and service marks, to New Agency, LLC.

2. Subsequent thereto, New Agency, LLC a corporation of the State of Illinois, changed its business name to InsureOne Independent Insurance Agency, LLC.

3. Submitted herewith also is a copy of a document by the Office of Secretary of the State

of Illinois, dated February 1, 2002, referencing "InsureOne Independent Insurance Agency, LLC," and indicating the "old" name of New Agency, LLC.

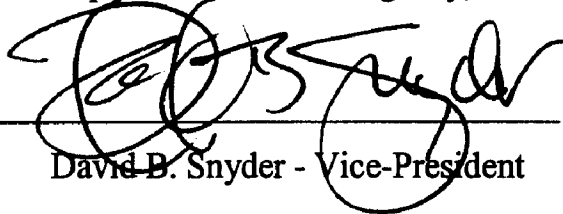
4. This Declaration is submitted as a request to update the assignment records of the U.S. Patent and Trademark Office to reflect that the correct name of the owner of the above-identified service mark after the name change is: InsureOne Independent Insurance Agency, LLC.

5. Accordingly, please update the records of the U.S. Patent and Trademark Office to show that the name of New Agency, LLC is now InsureOne Independent Insurance Agency, LLC.

6. Since the change of the name of the owner of the above-identified mark, InsureOne Independent Insurance Agency, LLC has been the owner of the above-identified service mark, and continues to be the owner of such mark.

The undersigned, being hereby warned that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001, and that such willful false statements and the like may jeopardize the validity of this document, declares that: he is properly authorized to execute this document on behalf of the Owner; and that all statements made of his own knowledge are true and that all statements made upon information and belief are believed to be true.

InsureOne Independent Insurance Agency, LLC

By: 
David B. Snyder - Vice-President

Date: 7/1/04



OFFICE OF THE SECRETARY OF STATE

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C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604-1136

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RE INSUREONE INDEPENDENT INSURANCE AGENCY, LLC
OLD: NEW AGENCY, LLC

DEAR SIR OR MADAM:

APPLICATION FOR AMENDMENT HAS BEEN PLACED ON FILE, AND THE LIMITED LIABILITY COMPANY CREDITED WITH THE REQUIRED FILING FEE.

SINCERELY YOURS,

Jesse White

JESSE WHITE
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY COMPANY DIVISION
TELEPHONE (217)524-8008

JW:LLC