

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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|-----------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|---------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Liberty Northwest Insurance Corporation | | 03/04/2005 | CORPORATION: OREGON |
| RECEIVING PARTY DATA | | | |
| Name: | Liberty Mutual Insurance Company | | |
| Street Address: | 175 Berkeley Street | | |
| City: | Boston | | |
| State/Country: | MASSACHUSETTS | | |
| Postal Code: | 02117 | | |
| Entity Type: | COMPANY: MASSACHUSETTS | | |
| PROPERTY NUMBERS Total: 4 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 2297300 | LIBERTY COMPLETE CARE | |
| Registration Number: | 2339564 | LIBERTY HEALTH PLUS | |
| Registration Number: | 2348832 | LIBERTY NORTHWEST | |
| Registration Number: | 2385663 | LIBERTY NORTHWEST WORKERS' COMPENSATION | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | (312)698-2241 | | |
| | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> | | |
| Phone: | 312-861-2822 | | |
| Email: | paula.j.krasny@bakernet.com | | |
| Correspondent Name: | Paula J. Krasny | | |
| Address Line 1: | 130 E. Randolph Drive | | |
| Address Line 2: | Suite 3500 | | |
| Address Line 4: | Chicago, ILLINOIS 60601 | | |
| NAME OF SUBMITTER: | Paula J. Krasny | | |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Signature: | paula/j/krasny |
| Date: | 03/15/2005 |
| Total Attachments: 4 source=liberty northwest#page1.tif source=liberty northwest#page2.tif source=liberty northwest#page3.tif source=liberty northwest#page4.tif | |

ASSIGNMENT OF UNITED STATES SERVICE MARKS

WHEREAS, Liberty Northwest Insurance Corporation, a company organized and existing under the laws of Oregon, and having its principal place of business P.O. Box 4555, Portland, OR 97208 ("Assignor"), has been using certain trademarks and service marks in conjunction with its business, including but not limited to the service mark registrations, set forth in Schedule A attached hereto (collectively, the "Service Marks"); and

WHEREAS, Liberty Mutual Insurance Company, a company organized and existing under the laws of Massachusetts, and having its principal place of business at 175 Berkley Street, Boston, MA 02117 ("Assignee"), is desirous of acquiring the entire right, title and interest in and to the Service Marks, including the right to bring actions for infringement of the Service Marks occurring prior to the date of this Assignment.

NOW, THEREFORE, TO ALL WHOM IT MAY CONCERN, be it known that for valuable and legally sufficient consideration, the receipt and legal sufficiency of which are hereby acknowledged by the Assignor, the Assignor has sold, assigned, and transferred, and by these presents do sell, assign, and transfer unto the Assignee, the Assignor's entire right, title and interest in and to the Service Marks used in conjunction with the Assignor's business, including but not limited to the service mark registrations identified in Schedule A attached to this Assignment, including the right to bring actions for infringements of the Service Marks occurring prior to the date of this Assignment, together with that part of the goodwill of the Assignor's business connected with and symbolized by the Service Marks.

IN TESTIMONY WHEREOF, the Assignor has caused this Assignment of United States Service Marks to be executed by its authorized representative.

Date: March 4, 2005

LIBERTY NORTHWEST
INSURANCE CORPORATION

By: Matthew D. Nickerson

Name: Matthew D. Nickerson

Title: President & CEO

SCHEDULE "A"

| Mark | Registration No. | Registration Date |
|-----------------------------------------------|-------------------------|--------------------------|
| LIBERTY COMPLETE CARE | 2297300 | December 7, 1999 |
| LIBERTY HEALTH PLUS | 2339564 | April 11, 2000 |
| LIBERTY NORTHWEST | 2348832 | May 9, 2000 |
| LIBERTY NORTHWEST WORKERS' COMPENSATION | 2385663 | September 12, 2000 |

STATE OF OREGON)
)
COUNTY OF Multnomah)

CERTIFICATE OF ACKNOWLEDGMENT

I, Laurie K. McGarry a Notary Public, in and for the County and State aforesaid, do hereby certify that Matthew Nickerson, known to be the President & CEO of Liberty Northwest Insurance Corporation appeared before me this day, in person, and acknowledged that he signed, sealed and delivered the foregoing instrument on behalf of Liberty Northwest Insurance Corporation as of his/her free and voluntary act for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and Notarial Seal, this 4th day of March, 2005.



Laurie K. McGarry
Notary Public

My Commission Expires:
9/30/05

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