. *			
	Form 170 1594 (Rev. 07/05) OMB Collection 0651 0027 (ex	xp. 6/30/2008)	
	MAR 2 2 2007	REC T	
	ार् the Director को the U.S. Patent and Tra		
7	1. Name of conveying pa	irty(ies):	
2,0	Driver Alliant Insur [formerly Robert F		
o	Individual(s)	Associ	

03-27-2007



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

	Who the Director Applie 0. S. Patent and Hac	ients or the new address(es) below.		
4	1. Name of conveying party(ies):	2. Name and address of receiving party(ies)		
Ó	Driver Alliant Insurance Services, Inc.	Additional names, addresses, or citizenship attached?		
Le	[formerly Robert F. Driver Co., Inc.]	Name: Alliant Insurance Services, Inc.		
3,22,07	Individual(s) Association	Internal Address:		
$\omega$	General Partnership Limited Partnership	Street Address: 1620 Fifth Avenue		
-	X Corporation- State: <u>Delaware</u>			
	Other	City: San Diego		
•	Citizenship (see guidelines)	State: California Country: USA Zip: 92101-2797		
	Additional names of conveying parties attached?	No Association Citizenship		
	3. Nature of conveyance )/Execution Date(s) :	General Partnership Citizenship		
	Execution Date(s) May 9, 2006	Limited Partnership Citizenship		
	Assignment Merger	X Corporation Citizenship		
	Security Agreement	Other Citizenship		
,	Other	If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No		
	4. Application number(s) or registration number(s)	(Designations must be a separate document from assignment)		
<del>.</del>	A. Trademark Application No.(s)	B. Trademark Registration No.(s)		
	Serial Number 76097022	2568330		
		Additional sheet(s) attached?		
	C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown): PEPIP (Filing date 7/25/2000; Registration date 5/7/2002)  5. Name & address of party to whom correspondence   6. Total number of applications and			
	concerning document should be mailed:  Name: Julie E. Posner	6. Total number of applications and registrations involved:		
	Internal Address: Suite 200	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 100.00		
		Authorized to be charged by credit card		
	Street Address: 1620 Fifth Avenue	Authorized to be charged to deposit account  Enclosed		
	City: San Diego	8. Payment Information:		
	State: CA Zip: 92101-2797			
	Phone Number: 619-515-5224	Expiration Date		
	Fax Number: 619-699-2122	b. Deposit Account Number		
	Email Address: jposner@alliantinsurance	n_ Authorized User Name		
	9. Signature:	March 19, 2007		
	Signature Date ( )			
03/26/2007 1	Ted C. Filley, SVP, Secretary & Tres	Total number of pages including cover sheet, attachments, and document:		
01 FC:8521	Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:			
Check				
		nd Ref		
		03/70 03/70		

**REEL: 003510 FRAME: 0501** 

State of Delaware Secretary of State Division of Corporations Delivered 10:22 AM 05/09/2006 FILED 10:05 AM 05/09/2006 SRV 060434116 - 2819795 FILE

#### CERTIFICATE OF AMENDMENT

OF

#### CERTIFICATE OF INCORPORATION

DRIVER ALLIANT INSURANCE SERVICES, INC., a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware,

#### DOES HEREBY CERTIFY:

1. That the Board of Directors of DRIVER ALLIANT INSURANCE SERVICES, INC., by the unanimous written consent of its members, filed with the Minutes of the Board, duly adopted resolutions setting forth a proposed amendment to the Certificate of Incorporation of said corporation, declaring said amendment to be advisable, and calling a meeting of the stockholders of said corporation for consideration thereof. The resolution setting forth the proposed amendment is as follows:

**RESOLVED**, that the Certificate of Incorporation of this Corporation, as amended, be further amended by amending Article FIRST thereof to read in full as follows:

# "FIRST. The name of the Corporation is ALLIANT INSURANCE SERVICES, INC."

- 2. That thereafter, pursuant to resolutions of its Board of Directors, the stockholders of said corporation, by written consent, voted the necessary number of shares as required by statute in favor of the amendment.
- 3. That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.
- 4. That this Certificate of Amendment of the Certificate of Incorporation shall be effective on the filing thereof.

IN WITNESS WHEREOF, said DRIVER ALLIANT INSURANCE SERVICES, INC. has caused this certificate to be signed by PGREGORIZMMER, its President, this 28th day of April , 2006.

By: President ACFO

471949.1



## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "DRIVER ALLIANT INSURANCE SERVICES, INC. ", CHANGING ITS NAME FROM "DRIVER ALLIANT INSURANCE SERVICES, INC. " TO "ALLIANT INSURANCE SERVICES, INC. ", FILED IN THIS OFFICE ON THE NINTH DAY OF MAY, A.D. 2006, AT 10:05 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

2819795 8100 060434116

Darriet Smith Windson

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 4730047

DATE: 05-09-06

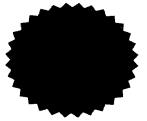
TRADEMARK REEL: 003510 FRAME: 0503



## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ROBERT F. DRIVER CO., INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "DRIVER ALLIANT INSURANCE SERVICES, INC.", THE THIRTEENTH DAY OF NOVEMBER, A.D. 2001, AT 9 O'CLOCK A.M.

د



Varriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1544863

DATE: 01-07-02

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TRADEMARK
REEL: 003510 FRAME: 0504

### CERTIFICATE OF AMENDMENT

### OF CERTIFICATE OF INCORPORATION

OF

### ROBERT F. DRIVER CO., INC.

ROBERT F. DRIVER CO., INC., a corporation organized and existing under the laws of the State of Delaware, hereby certifies as follows:

1. This Certificate of Amendment amends Article First of the Corporation's Certificate of Incorporation to read in full as follows:

FIRST: The name of the Corporation is Driver Alliant Insurance Services, Inc.

- 2. This Certificate of Amendment was duly adopted by The Board of Directors in accordance with Section 242 of the General Corporation Law of the State of Delaware.
- 3. The Certificate of Amendment was duly adopted by the vote of the stockholders in accordance with Section 242 of the General Corporation Law of the State of Delaware.

IIN WITNESS WHEREOF, ROBERT F. DRIVER CO., INC. has caused this Certificate to be signed by Thomas W. Corbett, its Chairman of the Board and Chief Executive Officer this 8th day of November, 2001.

Thomas W. Corbett

Chairman and Chief Executive Officer

Robert F. Driver Co., Inc.

STATE OF DELAWARE SECRETARY OF STATE DIVISION OF CORPORATIONS FILED 09:00 AM 11/13/2001 010571477 - 2819795



## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ROBERT F. DRIVER CO., INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "DRIVER ALLIANT INSURANCE SERVICES, INC.", THE THIRTEENTH DAY OF NOVEMBER, A.D. 2001, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

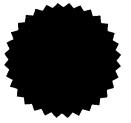
CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.



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RECORDED: 03/22/2007

Varriet Smita Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1540259

DATE: 01-04-02

TRADEMARK REEL: 003510 FRAME: 0506