

Form PTO-1594 (Rev. 07/05)  
OMB Collection 0651-0027 (exp. 6/30/2008)

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

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

**1. Name of conveying party(ies):**  
 Sagamore Health Network, Inc.  
 11555 North Meridian Street  
 Suite 400  
 Carmel, IN 46032  
 Individual(s)  Association  
 General Partnership  Limited Partnership  
 Corporation- State: Indiana  
 Other \_\_\_\_\_  
 Citizenship (see guidelines) \_\_\_\_\_  
 Additional names of conveying parties attached?  Yes  No

**2. Name and address of receiving party(ies)**  Yes  
 Additional names, addresses, or citizenship attached?  No  
 Name: CIGNA Intellectual Property, Inc.  
 Internal  
 Address: \_\_\_\_\_  
 Street Address: 590 Naamans Road  
 City: Claymont  
 State: Delaware  
 Country: USA Zip: 19703  
 Association Citizenship \_\_\_\_\_  
 General Partnership Citizenship \_\_\_\_\_  
 Limited Partnership Citizenship \_\_\_\_\_  
 Corporation Citizenship Delaware  
 Other \_\_\_\_\_ Citizenship \_\_\_\_\_  
 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)

**3. Nature of conveyance )/Execution Date(s) :**  
 Execution Date(s) 8 | 2 | 2007  
 Assignment  Merger  
 Security Agreement  Change of Name  
 Other \_\_\_\_\_

**4. Application number(s) or registration number(s) and identification or description of the Trademark.**  
 A. Trademark Application No.(s) \_\_\_\_\_  
 B. Trademark Registration No.(s) See attached sheet  
 Additional sheet(s) attached?  Yes  No

**C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):**  
See attached sheet

**5. Name & address of party to whom correspondence concerning document should be mailed:**  
 Name: Jennifer O'Neill  
 Internal Address: B6LPA  
 Street Address: 900 Cottage Grove Road  
 City: Hartford  
 State: CT Zip: 06152  
 Phone Number: 860-226-5708  
 Fax Number: 860-226-3674  
 Email Address: jennifer.oneill@cigna.com

**6. Total number of applications and registrations involved:** 5  
**7. Total fee (37 CFR 2.6(b)(6) & 3.41)** \$140.00  
 Authorized to be charged by credit card  
 Authorized to be charged to deposit account  
 Enclosed

**8. Payment Information:**  
 a. Credit Card Last 4 Numbers \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 b. Deposit Account Number 501657  
 Authorized User Name Jennifer O'Neill

**9. Signature:** Jennifer O'Neill 8/17/07  
 Signature Date  
Jennifer O'Neill  
 Name of Person Signing  
 Total number of pages including cover sheet, attachments, and document: 4

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

CH \$140.00 501657 2007828

## 4B &amp; C. Trademark Registration No.(s) and Identification of Trademarks

<u>Mark</u>	<u>Registration No.</u>
BABY-ON-BOARD	2,007,828
BABY-ON-BOARD & Design	2,004,105
SAGAMORE	1,485,450
SAGAMORE HEALTH NETWORK	1,484,806
SAGAMORE HEALTH NETWORK	2,864,189

TO: JENNIFER O'NEILL COMPANY: 900 COTTAGE GROVE ROAD

JUN 23 1999 15:38 FR CIGNA/TL48D 215 761 5715 TO 8,15712730140 P.02

08/21/2007  
 700338824

Form PTO-1594 (Rev. 07/05)  
 OMB Collection 0851-0027 (exp. 8/30/2008)

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

**RECORDATION FORM COVER SHEET  
 TRADEMARKS ONLY**

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

<b>1. Name of conveying party(ies):</b> Sagamore Health Network, Inc. 11555 North Meridian Street Suite 400 Carmel, IN 46032 <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>Indiana</u> <input type="checkbox"/> Other _____ Citizenship (see guidelines) _____ Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>2. Name and address of receiving party(ies)</b> <input type="checkbox"/> Yes Additional names, addresses, or citizenship attached? <input checked="" type="checkbox"/> No Name: <u>CIGNA Intellectual Property, Inc.</u> Internal: _____ Address: _____ Street Address: <u>590 Neamans Road</u> City: <u>Claymont</u> State: <u>Delaware</u> Country: <u>USA</u> Zip: <u>19703</u> <input type="checkbox"/> Association Citizenship _____ <input type="checkbox"/> General Partnership Citizenship _____ <input type="checkbox"/> Limited Partnership Citizenship _____ <input checked="" type="checkbox"/> Corporation Citizenship <u>Delaware</u> <input type="checkbox"/> Other _____ Citizenship _____ 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)	
<b>3. Nature of conveyance / Execution Date(s):</b> Execution Date(s) <u>8/2/2007</u> <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____		<b>4. Application number(s) or registration number(s) and identification or description of the Trademark.</b> A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) <u>See attached sheet</u> Additional sheet(s) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):</b> See attached sheet			
<b>5. Name &amp; address of party to whom correspondence concerning document should be mailed:</b> Name: <u>Jennifer O'Neill</u> Internal Address: <u>B6LPA</u> Street Address: <u>900 Cottage Grove Road</u> City: <u>Hartford</u> State: <u>CT</u> Zip: <u>06152</u> Phone Number: <u>860-226-5708</u> Fax Number: <u>860-226-3674</u> Email Address: <u>jennifer.oneill@cigna.com</u>		<b>6. Total number of applications and registrations involved:</b> <u>5</u>	
Total number of pages including cover sheet, attachments, and document: <u>4</u>		<b>7. Total fee (37 CFR 2.0(b)(6) &amp; 3.41)</b> <u>\$140.00</u> <input type="checkbox"/> Authorized to be charged by credit card <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed	
<b>8. Payment Information:</b> a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number <u>501657</u> Authorized User Name <u>Jennifer O'Neill</u>		<b>9. Signature:</b> <u>Jennifer O'Neill</u> <u>8/17/07</u> Signature Date Name of Person Signing	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1430, Alexandria, VA 22313-1430

**Exhibit A**

<b><u>Mark</u></b>	<b><u>Registration No. Serial No.</u></b>	<b><u>Registration Date Application Date</u></b>
BABY-ON-BOARD	2,007,828	October 15, 1996
BABY-ON-BOARD & Design	2,004,105	October 1, 1996
SAGAMORE	1,485,450	April 19, 1988
SAGAMORE HEALTH NETWORK	1,484,806	April 12, 1988
SAGAMORE HEALTH NETWORK	2,864,189	April 27, 2004

**ASSIGNMENT**

WHEREAS, SAGAMORE HEALTH NETWORK, INC., an Indiana corporation, having its principal offices at 11555 North Meridian Street, Suite 400, Carmel, Indiana 46032 has adopted, used, is using and is the owner of the Trademarks listed on Exhibit A, which are now registered in the United States Patent and Trademark Office.

WHEREAS, CIGNA INTELLECTUAL PROPERTY, INC., a Delaware corporation, having its principal offices at 590 Naamans Road, Claymont, DE 19703 is desirous of acquiring said registered and/or pending trademarks.

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, SAGAMORE HEALTH NETWORK, INC. hereby assigns to CIGNA INTELLECTUAL PROPERTY, INC. all right, title and interest in and to said trademarks together with the goodwill of the business symbolized by said trademarks and registrations thereof.

Signed this 2<sup>nd</sup> day of August, 2007.

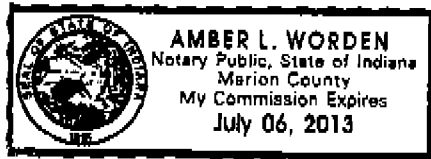
**SAGAMORE HEALTH NETWORK, INC.**

By: *Greg Yust*  
Greg Yust

Title: President

State of Indiana )  
 ) ss:  
City of Indianapolis )  
*ALW*

On this 2<sup>nd</sup> day of August, 2007, personally appeared Greg Yust, to me known and known to me to be President & CEO of Sagamore Health Network, Inc., the assignor named above, and acknowledged that he/she executed the foregoing Assignment on behalf of said assignor and pursuant to authority duly received.



*Amber L. Worden*  
Notary Public



TO: JENNIFER O'NEILL COMPANY: 900 COTTAGE GROVE ROAD



**UNITED STATES PATENT AND TRADEMARK OFFICE**

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND  
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

AUGUST 22, 2007

PTAS



\*700338824\*

JENNIFER O'NEILL  
900 COTTAGE GROVE ROAD  
B6LPA  
HARTFORD, CT 06152

UNITED STATES PATENT AND TRADEMARK OFFICE  
NOTICE OF NON-RECORDATION OF DOCUMENT

DOCUMENT ID NO.: 700338824

THE ENCLOSED DOCUMENT HAS BEEN EXAMINED AND FOUND NON-RECORDABLE BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. THE REASON(S) FOR NON-RECORDATION ARE STATED BELOW. DOCUMENTS BEING RESUBMITTED FOR RECORDATION MUST BE ACCOMPANIED BY A NEW COVER SHEET REFLECTING THE CORRECT INFORMATION TO BE RECORDED AND THE DOCUMENT ID NUMBER REFERENCED ABOVE.

THE ORIGINAL DATE OF FILING OF THIS ASSIGNMENT DOCUMENT WILL BE MAINTAINED IF RESUBMITTED WITH THE APPROPRIATE CORRECTION(S) WITHIN 30 DAYS FROM THE DATE OF THIS NOTICE AS OUTLINED UNDER 37 CFR 3.51. THE RESUBMITTED DOCUMENT MUST INCLUDE A STAMP WITH THE OFFICIAL DATE OF RECEIPT UNDER 37 CFR 3. APPLICANTS MAY USE THE CERTIFIED PROCEDURES UNDER 37 CFR 1.8 OR 1.10 FOR RESUBMISSION OF THE RETURNED PAPERS, IF THEY DESIRE TO HAVE THE BENEFIT OF THE DATE OF DEPOSIT IN THE UNITED STATES POSTAL SERVICE.

SEND DOCUMENTS TO: U.S. PATENT AND TRADEMARK OFFICE,  
MAIL STOP: ASSIGNMENT SERVICES BRANCH, P.O. BOX 1450, ALEXANDRIA, VA 22313.  
IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE,  
YOU MAY CONTACT THE INDIVIDUAL WHOSE NAME APPEARS ON THIS NOTICE AT  
571-272-3350.

1. THE COVER SHEET SUBMITTED FOR RECORDING IS NOT ACCEPTABLE. AN EXECUTION DATE MUST BE INDICATED FOR EACH CONVEYING PARTY.

THERESA FREDERICK, EXAMINER  
ASSIGNMENT SERVICES BRANCH  
PUBLIC RECORDS DIVISION

**Facsimile Transmission Cover Sheet**

Transmit to FAX number 571-273-0140	Date October 12, 2007	Time 1:04 PM	Total number of pages (including this sheet): 7
<b>To</b>		<b>From</b>	
Name Assignment Division	Company U.S. Patent & Trademark Office	Phone	Address
Name Marge Guthrie	Department Corporate Functions, Service & Information Technology	Phone 215-761-6253	Address TL16G Two Liberty Place 1601 Chestnut Street Philadelphia, PA 19192

**Comments**

Attached per your instruction letter of August 22, 2007 is the corrected Cover Sheet, along with a copy of the document originally submitted for recording. Please note that this material was originally faxed to the PTO on August 23, but seems to have been misplaced.

Please also note that recordation fees were charged to our Deposit Account on August 22, 2007.

Please contact me at the number above if you have any questions.

Thank you,  
Marge Guthrie

*CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.*

"CIGNA" is a registered service mark, licensed for use by operating subsidiaries of CIGNA Corporation. Products and services are provided exclusively by operating subsidiaries, including Connecticut General Life Insurance Company, and not by CIGNA Corporation.

Acknowledgment Requested

To Fax a reply, dial: 215-761-5715

**TRADEMARK**

**RECORDED: 10/12/2007**

**REEL: 003639 FRAME: 0675**