

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

| | |
|-----------------------|----------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT |
| NATURE OF CONVEYANCE: | MERGER |
| EFFECTIVE DATE: | 05/01/2012 |

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|---------------------------------------|----------|----------------|---------------------------|
| Harleysville Mutual Insurance Company | | 05/01/2012 | CORPORATION: PENNSYLVANIA |

RECEIVING PARTY DATA

| | |
|-------------------|-------------------------------------|
| Name: | Nationwide Mutual Insurance Company |
| Street Address: | One Nationwide Plaza |
| Internal Address: | 1-35-204 |
| City: | Columbus |
| State/Country: | OHIO |
| Postal Code: | 43215 |
| Entity Type: | CORPORATION: OHIO |

PROPERTY NUMBERS Total: 28

| Property Type | Number | Word Mark |
|----------------|----------|--|
| Serial Number: | 85017741 | INSIDE@CCESS HARLEYSVILLE INSURANCE WHOLESAL PORTAL |
| Serial Number: | 85308347 | HARLEYSVILLE FOUNDATION |
| Serial Number: | 78946003 | STARADVANTAGE |
| Serial Number: | 78418435 | STARPAK |
| Serial Number: | 77884016 | MY HARLEYSVILLE LIFELINK |
| Serial Number: | 77870268 | PROPERTYPRO |
| Serial Number: | 77894782 | FLEXPAK |
| Serial Number: | 77894774 | COREPAK |
| Serial Number: | 77884014 | HARLEYSVILLE ACCUMULATOR |
| Serial Number: | 77884009 | PRO PROVIDER |
| Serial Number: | 77884007 | PRO PERFORMER |

CH \$715.00 85017741

| | | |
|----------------|----------|-----------------------------------|
| Serial Number: | 77884001 | ADDLIFE |
| Serial Number: | 77831735 | COMPUPAK |
| Serial Number: | 77774806 | OTHERSFIRST |
| Serial Number: | 77575582 | HARLEYSVILLE CUSTOMPAK |
| Serial Number: | 77476199 | @CCESS HARLEYSVILLE//CL |
| Serial Number: | 77475689 | HARLEYSVILLE PRIORITYPASS |
| Serial Number: | 77283704 | @CCESS HARLEYSVILLE // PL |
| Serial Number: | 77283669 | @CCESS HARLEYSVILLE |
| Serial Number: | 77282380 | SIGNATURE PLUS |
| Serial Number: | 76289849 | HARLEYSVILLE |
| Serial Number: | 76289848 | HARLEYSVILLE |
| Serial Number: | 76289847 | HARLEYSVILLE GOOD PEOPLE TO KNOW |
| Serial Number: | 73211440 | TIP |
| Serial Number: | 77560503 | SHIPMATE |
| Serial Number: | 85520276 | HARLEYSVILLE BUILDER UL |
| Serial Number: | 85520274 | HARLEYSVILLE SECURETERM |
| Serial Number: | 85597579 | YOUR PARTNER IN PREVENTING LOSSES |

CORRESPONDENCE DATA

Fax Number: 6142492418
Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.
Phone: 6146772467
Email: trademark@nationwide.com
Correspondent Name: Christine Jermann
Address Line 1: One Nationwide Plaza
Address Line 2: 1-35-204
Address Line 4: Columbus, OHIO 43215

| | |
|-------------------------|---------------------|
| ATTORNEY DOCKET NUMBER: | HARLEYSVILLE |
| NAME OF SUBMITTER: | Christine Jermann |
| Signature: | /Christine Jermann/ |
| Date: | 05/11/2012 |

Total Attachments: 6
source=Ohio Merger (certified)#page1.tif
source=Ohio Merger (certified)#page2.tif
source=Ohio Merger (certified)#page3.tif
source=Ohio Merger (certified)#page4.tif

TRADEMARK
REEL: 004777 FRAME: 0970

source=Ohio Merger (certified)#page5.tif

source=Ohio Merger (certified)#page6.tif



| | | | | | | | |
|------------|--------------|-----------------------|--------|--------|---------|------|-------|
| DATE: | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
| 04/27/2012 | 201211800067 | MERGER/DOMESTIC (MER) | 125.00 | 300.00 | | .00 | 25.00 |

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
JAMES H. TANKS, III
4400 EASTON COMMONS WAY, SUITE 125
COLUMBUS, OH 43219

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

119343

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
NATIONWIDE MUTUAL INSURANCE COMPANY
and, that said business records show the filing and recording of:

Document(s)
MERGER/DOMESTIC

Document No(s):
201211800067



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 1st day of May, A.D.
2012.

Ohio Secretary of State



Form 551 Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Certificate of Merger

Filing Fee: \$125
(154-MER)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan associations, limited liability companies, partnerships, limited partnerships and/or limited liability partnerships, desiring to effect a merger, set forth the following facts

I. (Surviving) Entity

A. Name of Entity Surviving the Merger

Nationwide Mutual Insurance Company

B. Name Change: As a result of this merger, the name of the surviving entity has changed to the following

[Empty box for name change]

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a (Please check the appropriate box and fill in the appropriate blanks)

1. Domestic (Ohio entity) Foreign (Non-Ohio Entity)

[Empty box for jurisdiction of formation]

Jurisdiction of formation

2. Charter/Registration/License Number

119343

(If licensed in Ohio as domestic or foreign)

- 3. For-Profit Corporation
- Nonprofit Corporation
- For-Profit Limited Liability Company
- Nonprofit Limited Liability Company
- Partnership
- Limited Partnership
- Limited Liability Partnership

RECEIVED
SECRETARY OF STATE
2012 APR 27 AM 9:51
CLIENT SERVICE CENTER

II. CONSTITUENT ENTITY

Provide the name, Ohio charter/license/registration number, type of entity, jurisdiction of formation, for each entity merging out of existence. (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the additional merging entities).

| Entity Name | Ohio Charter/License/Registration Number | Jurisdiction of Formation | Type of Entity |
|---------------------------------------|--|---------------------------|----------------|
| Harleysville Mutual Insurance Company | None | Pennsylvania | corporation |
| | | | |
| | | | |
| | | | |

III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the merger agreement upon written request

Nationwide Mutual Insurance Company, c/o Robert W. Horner, III
Name

One Nationwide Plaza, 1-38-401
Mailing Address

Columbus
City

OH
State

43215
Zip Code

IV. EFFECTIVE DATE OF MERGER

This merger is to be effective on May 1, 2012 at 12:01 AM (The date specified must be on or after the date of the filing. If no date is specified, the date of filing will be the effective date of the merger).

V. MERGER AUTHORIZED

Each constituent entity has complied with the laws under which it exists and the laws permit the merger. The agreement of merger is authorized on behalf of each constituent entity and each person who signed the certificate on behalf of each entity is authorized to do so.

VI. STATEMENT OF MERGER

Upon filing this Certificate of Merger, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

VII. STATUTORY AGENT - To be filed ONLY if the surviving entity is a foreign entity not licensed in Ohio. If the surviving entity is a foreign entity **NOT** licensed to transact business in Ohio, provide the name and address of a statutory agent upon whom any process, notice or demand may be served.

[Empty text box for Name]

Name

[Empty text box for Mailing Address]

Mailing Address

[Empty text box for City]

City

Ohio
State

[Empty text box for Zip Code]

Zip Code

Note: The statutory agent must be an Ohio resident; an Ohio corporation; or a foreign corporation licensed to do business in Ohio and has an Ohio address.

VIII. AMENDMENTS

If a domestic corporation, limited liability company or limited partnership survives the merger, any amendments to the entity's articles of incorporation, articles of organization, or certificate of limited partnership of the surviving domestic entity shall be filed with the certificate of merger.

Amendments are attached

No Amendments

IX. REQUIREMENTS OF CORPORATIONS MERGING OUT OF EXISTENCE

If a domestic corporation or foreign corporation licensed to transact business in Ohio is a constituent entity and the surviving entity is not a domestic corporation or foreign corporation to be licensed in Ohio, the certificate of merger must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.86 division (G) of section 1702.47 of the Revised Code with respect to each domestic constituent corporation, and/or by the affidavits, receipts, certificates, or other evidence required by division (C) or (D) of section 1703.17 of the Revised Code with respect to each foreign constituent corporation licensed to transact business in Ohio.

X. QUALIFICATION OR LICENSE OF FOREIGN SURVIVING ENTITY

A surviving foreign entity that wishes to qualify in Ohio as part of the merger must file an additional form, as listed below, but no additional filing fee is required.

Foreign Qualifying Corporation Form 530A or B and Certificate of Good Standing

Foreign Notice (If qualifying entity is a foreign bank, savings bank, or savings and loan association) Form 552

Foreign Qualifying Limited Liability Company Form 533B

Foreign Qualifying Limited Partnership Form 531B

Foreign Qualifying Limited Liability Partnership Form 537 and Evidence of Existence In Jurisdiction of Formation

The undersigned constituent entities (constituent entities include all merging and surviving entities) have caused this certificate of merger to be signed by their duly authorized officers, partners and representatives on the date(s) stated below

Name of entity

By:
Signature Daniel J. Moyer

Its:
Title

Name of entity

OK By:
Signature

Its:
Title

Name of entity

By:
Signature

Its:
Title

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate (ORC 1701.81(A), 1702.43 (A), 1705.38(A), 1776.70(A), 1782.433(A)). this includes all merging and surviving entities.

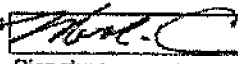
The undersigned constituent entities (constituent entities include all merging and surviving entities) have caused this certificate of merger to be signed by their duly authorized officers, partners and representatives on the date(s) stated below

Nationwide Mutual Insurance Company
Name of entity

By: _____
Signature

Its: _____
Title

Harleysville Mutual Insurance Company
Name of entity

By: 
Signature Mark R. Cummins

Its: Executive Vice President, Chief Information Officer & Treasurer
Title

Name of entity

By: _____
Signature

Its: _____
Title

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate (ORC 1701.81(A), 1702.43 (A), 1705.38(A), 1776.70(A), 1782.433(A)). this includes all merging and surviving entities.