

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM320674

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Stonebridge Casualty Insurance Company		05/13/2014	CORPORATION: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Transamerica Casualty Insurance Company		
<b>Street Address:</b>	366 East Broad Street		
<b>City:</b>	Columbus		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	43215		
<b>Entity Type:</b>	CORPORATION: OHIO		
<b>PROPERTY NUMBERS Total: 8</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	86110625	BIGRING BIKE INSURANCE	
<b>Serial Number:</b>	86110586	INSURANCE FOR WHAT MOVES YOU	
<b>Serial Number:</b>	86110564	BIGRING	
<b>Serial Number:</b>	86042409	AUTOSHIELD GAP	
<b>Serial Number:</b>	86042405	AUTOSHIELD	
<b>Serial Number:</b>	86116080	ROADSECURE	
<b>Serial Number:</b>	86116070	ROADSECURE	
<b>Registration Number:</b>	4506085	AUTOSHIELD GAP	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4105764026		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	410-576-4171		
<b>Email:</b>	nhimmelrich@gfrlaw.com		
<b>Correspondent Name:</b>	Ned T. Himmelrich		
<b>Address Line 1:</b>	233 East Redwood Street		
<b>Address Line 4:</b>	Baltimore, MARYLAND 21202		
<b>NAME OF SUBMITTER:</b>	Ned T. Himmelrich		
<b>SIGNATURE:</b>	/Ned T. Himmelrich/		

OP \$215.00 86110625

<b>DATE SIGNED:</b>	10/21/2014
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**Total Attachments: 8**

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- source=Name Change to Trans Casualty#page7.tif
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**State of Ohio**  
**Department of Insurance**  
**CERTIFICATION**

As Director of Insurance of the State of Ohio, I do hereby certify that the annexed copy of the:

**Articles of Incorporation of** TRANSAMERICA CASUALTY  
INSURANCE COMPANY, Columbus, Ohio **effective** July 31, 2014,  
**Columbus, Ohio**

is a true copy of the original on file with this department.

August 14, 2014

IN WITNESS WHEREOF, I have hereunto subscribed my name and caused my seal to be affixed at Columbus, Ohio, this day and date.



*Mary Taylor*

Mary Taylor, Lt. Governor/Director

TRADEMARK

REEL: 005384 FRAME: 0715



DATE	DOCUMENT ID	DESCRIPTION	FRINGE	EXPED	PENALTY	CERT	COPY
05/14/2014	201413400502	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	0.00	0.00	0.00

**Receipt**

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

STONEBRIDGE CASUALTY INSURANCE COMPANY  
 ATTN: LU ANN ROBY  
 4333 EDGEWOOD ROAD NE  
 CEDAR RAPIDS, IA 52499

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Jon Husted**  
 267391

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

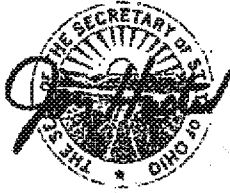
Document(s) <b>DOMESTIC/AMENDMENT TO ARTICLES</b> Effective Date: 07/31/2014	Document No(s): <b>201413400502</b>
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United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of the  
 Secretary of State at Columbus, Ohio this  
 14th day of May, A.D. 2014.

*Jon Husted*  
 Ohio Secretary of State



Form 640 Prescribed by:  
**JON HUSTED**  
 Ohio Secretary of State  
 Central Ohio: (614) 466-3910  
 Toll Free: (877) SOS-FILE (767-3453)  
 www.OhioSecretaryofState.gov  
 Busserj@OhioSecretaryofState.gov

Make checks payable to Ohio Secretary of State

Mail this form to one of the following:  
 Regular Filing (non expedite)  
 P.O. Box 1329  
 Columbus, OH 43216

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

281 MAY 13 AM 8:14

**Certificate of Amendment**  
**(For-Profit, Domestic Corporation)**  
**Filing Fee: \$50**

Check appropriate box:

- Amendment to existing Articles of Incorporation (125-AMDS)
- Amended and Restated Articles (122-AMAP) - The following articles supersede the existing articles and all amendments thereto.

Complete the following information:

Name of Corporation

Charter Number

Check one box below and provide information as required:

- The articles are hereby amended by the incorporators. Pursuant to Ohio Revised Code section 1701.70(A), incorporators may adopt an amendment to the articles by a writing signed by them if initial directors are not named in the articles or elected and before subscriptions to shares have been received.
- The articles are hereby amended by the Directors. Pursuant to Ohio Revised Code section 1701.70 (A), directors may adopt amendments if initial directors were named in articles or elected, but subscriptions to shares have not been received. Also, Ohio Revised Code section 1701.70(B) sets forth additional cases in which directors may adopt an amendment to the articles.

The resolution was adopted pursuant to Ohio Revised Code section 1701.70(B)   
 (In this space insert the number 1 through 10 to provide basis for adoption.)

- The articles are hereby amended by the Shareholders pursuant to Ohio Revised Code section 1701.71.

A copy of the resolution of amendment is attached to this document.

Note: If amended articles were adopted, they must set forth all provisions required in original articles except that articles amended by directors or shareholders need not contain any statement with respect to initial stated capital. See Ohio Revised Code section 1701.04 for required provisions.

**Required**  
 Must be signed by all incorporators, if amended by incorporators, or an authorized officer if amended by directors or shareholders, pursuant to Ohio Revised Code section 1701.73(B) and (C).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

*Michael A. Eubanks*  
 Signature

By (if applicable)

Michael A. Eubanks  
 Print Name

Signature

By (if applicable)

Print Name

CERTIFICATION

I, Michael A. Eubanks, being the duly constituted Secretary of Stonebridge Casualty Insurance Company ("STONEBRIDGE CASUALTY"), a corporation duly organized and existing under the laws of Ohio, hereby certify that the following is a true and correct copy of resolutions adopted by the Sole Shareholder of STONEBRIDGE CASUALTY by Written Consent dated April 7, 2014, and said resolutions are still in full force and effect:

RESOLVED, that Section 1 of the Articles of Incorporation be and it is hereby amended to read as follows:

"The name of this corporation is Transamerica Casualty Insurance Company."

FURTHER RESOLVED, that the foregoing amendment shall be effective July 31, 2014, or such later date as the appropriate regulatory authorities have approved such name change.


Dated this 7<sup>th</sup> day of April, 2014.

  
\_\_\_\_\_  
Michael A. Eubanks

267391 UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 6 pages, as taken from the original record now in my official custody as Secretary of State.

WITNESS my hand and official seal at Columbus, Ohio, this 16<sup>th</sup> day of June A.D. 2014



Jon Husted  
JON HUSTED  
Secretary of State

By: [Signature]

NOTICE: This is an official certification only when **TRADEMARK**