

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM329865

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	12/31/2014

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Guard Insurance Group, Inc.		12/31/2014	CORPORATION: DELAWARE

RECEIVING PARTY DATA

Name:	Westguard Insurance Company
Street Address:	16 South River Street
City:	Wilkes-Barre
State/Country:	PENNSYLVANIA
Postal Code:	18702
Entity Type:	CORPORATION: PENNSYLVANIA

PROPERTY NUMBERS Total: 24

Property Type	Number	Word Mark
Serial Number:	85491283	WESTGUARD
Serial Number:	85959418	BIZGUARD PLUS COMP · BUSINESSOWNER'S · A
Serial Number:	86076446	BERKSHIRE HATHAWAY GUARD INSURANCE COMPA
Serial Number:	86076477	BERKSHIRE HATHAWAY GUARD INSURANCE COMPA
Registration Number:	2890017	GUARD E-Z RATE
Registration Number:	3634217	AMGUARD INSURANCE COMPANY
Registration Number:	3634218	NORGUARD INSURANCE COMPANY
Registration Number:	3634219	GUARD INSURANCE GROUP
Registration Number:	3634220	
Registration Number:	3668548	EASTGUARD INSURANCE COMPANY
Registration Number:	1392605	AMGUARD INSURANCE COMPANY
Registration Number:	1995504	EASTGUARD INSURANCE COMPANY
Registration Number:	3917575	TOTAL COMP RESOURCES WORKERS' COMP WITHO
Registration Number:	4063797	BIZGUARD PLUS
Registration Number:	3385994	GUARDCO
Registration Number:	2250453	YOUR BUSINESS IS OUR BUSINESS
Registration Number:	2276901	DIRECT DRAFT PROGRAM
Registration Number:	1559254	NORGUARD INSURANCE COMPANY

OP \$615.00 85491283

Property Type	Number	Word Mark
Registration Number:	2382386	COOPERATIVE CARE PROGRAM
Registration Number:	2328688	GUARD COOPERATIVE CARE
Registration Number:	1614207	GUARD INSURANCE GROUP
Registration Number:	1674513	
Serial Number:	86076510	BERKSHIRE HATHAWAY GUARD INSURANCE COMPA
Serial Number:	86076551	BERKSHIRE HATHAWAY GUARD INSURANCE COMPA

CORRESPONDENCE DATA

Fax Number: 7034132220
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.
Phone: 703-413-3000
Email: tmdocket@oblon.com
Correspondent Name: Jeffrey H. Kaufman
Address Line 1: 1940 Duke Street
Address Line 4: Alexandria, VIRGINIA 22314

ATTORNEY DOCKET NUMBER:	191854US
NAME OF SUBMITTER:	Jeffrey H. Kaufman
SIGNATURE:	/Jeffrey H. Kaufman/
DATE SIGNED:	01/23/2015

Total Attachments: 4
source=Approved Articles of Merger (GIG-WIC)-122214#page1.tif
source=Approved Articles of Merger (GIG-WIC)-122214#page2.tif
source=Approved Articles of Merger (GIG-WIC)-122214#page3.tif
source=Approved Articles of Merger (GIG-WIC)-122214#page4.tif

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

WESTGUARD INSURANCE COMPANY

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 3123269

WestGuard Insurance Company
16 South River Street
Wilkes Barre, PA 18702

TRADEMARK
REEL: 005446 FRAME: 0014

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Articles/Certificate of Merger

(15 Pa.C.S.)

- Domestic Business Corporation (§ 1926)
 Domestic Nonprofit Corporation (§ 5926)
 Limited Partnership (§ 8547)

Name WestGuard Insurance Company		
Address 16 South River Street		
City Wilkes-Barre	State PA	Zip Code 18702

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania
ARTICLES OF MERGER-BUSINESS 15 Page(s)

Fee: \$150 plus \$40 additional for each Party in additional to two



T1434364072

In compliance with the requirements of the applicable provisions (relating to articles of merger or consolidation), the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation/limited partnership surviving the merger is:
WestGuard Insurance Company

2. Check and complete one of the following:
 The surviving corporation/limited partnership is a domestic business/nonprofit corporation/limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street 16 South River Street	City Wilkes-Barre	State PA	Zip 18702	County Luzerne
(b) Name of Commercial Registered Office Provider c/o			County	

The surviving corporation/limited partnership is a qualified foreign business/nonprofit corporation /limited partnership incorporated/formed under the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider c/o			County	

The surviving corporation/limited partnership is a nonqualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street	City	State	Zip
-------------------	------	-------	-----

2014 DEC -4 PM 3: 38
PA. DEPT. OF STATE

3. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic business/nonprofit corporation/limited partnership and qualified foreign business/nonprofit corporation/limited partnership which is a party to the plan of merger are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
Guard Insurance Group, Inc.			

16 South River Street

Wilkes-Barre, PA 18702

Luzerne

4. Check, and if appropriate complete, one of the following:

___ The plan of merger shall be effective upon filing these Articles/Certificate of Merger in the Department of State.

X The plan of merger shall be effective on: 12/31/2014 at 11:55 p.m.
Date Hour

5. The manner in which the plan of merger was adopted by each domestic corporation/limited partnership is as follows:

Name	Manner of Adoption
WestGuard Insurance Company	

Adopted by the directors and shareholders (or members) pursuant to 15 Pa.C.S. § 1924(a)

6. Strike out this paragraph if no foreign corporation/limited partnership is a party to the merger.

The plan was authorized, adopted or approved, as the case may be, by the foreign business/nonprofit corporation/limited partnership (or each of the foreign business/nonprofit corporations/limited partnerships) party to the plan in accordance with the laws of the jurisdiction in which it is incorporated/organized.

7. Check, and if appropriate complete, one of the following:

X The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.

Pursuant to 15 Pa.C.S. § 1901/§ 8547(b) (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative provisions of the Articles of Incorporation/Certificate of Limited Partnership of the surviving corporation/limited partnership as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger is on file at the principal place of business of the surviving corporation/limited partnership, the address of which is.

Number and street	City	State	Zip	County

IN TESTIMONY WHEREOF, the undersigned corporation/limited partnership has caused these Articles/Certificate of Merger to be signed by a duly authorized officer thereof this

2nd day of December, 2014

WestGuard Insurance Company
Name of Corporation/Limited Partnership

[Signature]
Signature

Chief Executive Officer
Title

GUARD INSURANCE GROUP, INC.
Name of Corporation/Limited Partnership

[Signature]
Signature

Chief Financial Officer
Title