

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM331213

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	MERGER		
<b>EFFECTIVE DATE:</b>	12/31/2014		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Guard Insurance Group, Inc.		12/31/2014	CORPORATION: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Westguard Insurance Company		
<b>Street Address:</b>	16 South River Street		
<b>City:</b>	Wilkes-Barre		
<b>State/Country:</b>	PENNSYLVANIA		
<b>Postal Code:</b>	18702		
<b>Entity Type:</b>	CORPORATION: PENNSYLVANIA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2944719	WESTGUARD	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	7034132220		
<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>	703-413-3000		
<b>Email:</b>	tmdocket@oblon.com		
<b>Correspondent Name:</b>	Jeffrey H. Kaufman		
<b>Address Line 1:</b>	1940 Duke Street		
<b>Address Line 4:</b>	Alexandria, VIRGINIA 22314		
<b>ATTORNEY DOCKET NUMBER:</b>	191854US-33		
<b>NAME OF SUBMITTER:</b>	Jeffrey H. Kaufman		
<b>SIGNATURE:</b>	/Jeffrey H. Kaufman/		
<b>DATE SIGNED:</b>	02/05/2015		
<b>Total Attachments: 4</b>			
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OP \$40.00 2944719

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: 005453 FRAME: 0918**

**PENNSYLVANIA DEPARTMENT OF STATE  
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

**Articles/Certificate of Merger**

(15 Pa.C.S.)

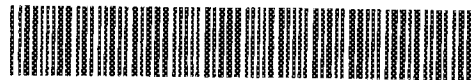
- Domestic Business Corporation (§ 1926)
- Domestic Nonprofit Corporation (§ 5926)
- Limited Partnership (§ 8547)

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

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



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 <b>16 South River Street</b>	City <b>Wilkes-Barre</b>	State <b>PA</b>	Zip <b>18702</b>	County <b>Luzerne</b>
(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
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2014 DEC -4 PM 3: 38  
 PA. DEPT. OF STATE



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