

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM393138

|   |   |                       |                    |
|---|---|-----------------------|--------------------|
| <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> |
| North Coast Life Insurance Company  |   | 06/09/2016            | Company:           |
| <b>RECEIVING PARTY DATA</b>   |   |                       |                    |
| <b>Name:</b>  | GPM Health and Life Insurance Company                     |                       |                    |
| <b>Street Address:</b>  | 1124 W. Riverside Avenue                                  |                       |                    |
| <b>Internal Address:</b>  | Suite 400   |                       |                    |
| <b>City:</b>  | Spokane   |                       |                    |
| <b>State/Country:</b>   | WASHINGTON  |                       |                    |
| <b>Postal Code:</b>   | 99201   |                       |                    |
| <b>Entity Type:</b>   | Company: WASHINGTON                                       |                       |                    |
| <b>PROPERTY NUMBERS Total: 2</b>  |   |                       |                    |
| <b>Property Type</b>  | <b>Number</b>   | <b>Word Mark</b>      |                    |
| <b>Registration Number:</b>   | 2093279   | LIFE-STYLE TERM       |                    |
| <b>Registration Number:</b>   | 4640914   | LIFE-STYLE            |                    |
| <b>CORRESPONDENCE DATA</b>  |   |                       |                    |
| <b>Fax Number:</b>  | 2108869883  |                       |                    |
| <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>   | 210-886-9500  |                       |                    |
| <b>Email:</b>   | Miguel.Villarreal@gunn-lee.com, linda.studer@gunn-lee.com |                       |                    |
| <b>Correspondent Name:</b>  | Michael Villarreal, Jr.                                   |                       |                    |
| <b>Address Line 1:</b>  | 300 Convent   |                       |                    |
| <b>Address Line 2:</b>  | Suite1080   |                       |                    |
| <b>Address Line 4:</b>  | San Antonio, TEXAS 78205                                  |                       |                    |
| <b>ATTORNEY DOCKET NUMBER:</b>  | T-10827.1/.5  |                       |                    |
| <b>NAME OF SUBMITTER:</b>   | Michael Villarreal, Jr.                                   |                       |                    |
| <b>SIGNATURE:</b>   | /Michael Villarreal, Jr./                                 |                       |                    |
| <b>DATE SIGNED:</b>   | 07/29/2016  |                       |                    |
| <b>Total Attachments: 2</b>   |   |                       |                    |
| source=CertofAuthority2016#page1.tif  |   |                       |                    |

OP \$65.00 2093279



STATE OF WASHINGTON



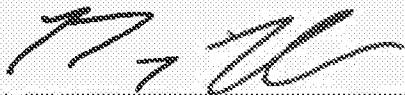
OFFICE OF  
INSURANCE COMMISSIONER

*I, MIKE KREIDLER, State Insurance Commissioner, do hereby certify that I am the state official charged with the general control and supervision of all insurance business (except State Workers' Compensation) transacted in the State of Washington and charged with the administration of the laws relating to insurance in said jurisdiction, and that this office is a department of record, having custody of original documents.*

*I FURTHER CERTIFY That the attached is a full, true, and accurate copy of Certificate of Authority No. 968, issued to GPM HEALTH AND LIFE INSURANCE COMPANY, as filed in the Office of Insurance Commissioner for the State of Washington.*

*IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Insurance Commissioner of the State of Washington, this 9th day of June, 2016.*

MIKE KREIDLER  
Insurance Commissioner

By:   
Douglas A. Hartz, MBA, JD, CIR-ML  
Deputy Insurance Commissioner



AMENDED  
No. 968

# Certificate of Authority

STATE OF WASHINGTON  
INSURANCE COMMISSIONER  
OLYMPIA

THIS IS TO CERTIFY, That

**GPM HEALTH AND LIFE INSURANCE COMPANY**  
Spokane, Washington

*organized under the laws of WASHINGTON presented satisfactory evidence of compliance with the Insurance Code of the State of Washington and is therefore granted this Certificate of Authority, authorizing the company, subject to all provisions of this Certificate, to transact the following classes of insurance:*

Life  
Disability

*as such classes are now or may hereafter be defined in the Revised Code of Washington.*

*THIS CERTIFICATE is expressly conditioned upon the holder being and remaining in full compliance with, and not in violation of, all of the applicable laws and lawful requirements made under authority of the laws of the State of Washington.*

*THIS CERTIFICATE will be automatically revoked upon failure to annually apply for renewal or pay the statutory fee for renewal.*

*THIS CERTIFICATE IS NOT TRANSFERABLE WITHOUT THE PRIOR WRITTEN CONSENT OF THE COMMISSIONER.*

*IN WITNESS WHEREOF, effective as of the 28th day  
of April, 1965, I have hereunto set my hand  
and caused my official seal to be affixed this 1st day of  
June, 2016.*



*Mike Kreidler*  
Insurance Commissioner

By \_\_\_\_\_

*Douglas A. Harris, MBA, JD, CIR-MI*  
Deputy Insurance Commissioner

Originally authorized as North Coast Life Insurance Company.