

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM543954

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
HEALTH REINSURANCE MANAGEMENT PARTNERSHIP		10/09/2013	Partnership: MASSACHUSETTS
RECEIVING PARTY DATA			
Name:	HRMP, LLC		
Street Address:	300 Rosewood Drive		
Internal Address:	Suite 250		
City:	Danvers		
State/Country:	MASSACHUSETTS		
Postal Code:	01923		
Entity Type:	Limited Liability Company: MASSACHUSETTS		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2182452	HRMP	
CORRESPONDENCE DATA			
Fax Number:	8048232611		
<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>			
Phone:	8044821121		
Email:	fgerson@dagglaw.com		
Correspondent Name:	Frederick Gerson		
Address Line 1:	1111 East Main Street, 16th Flr		
Address Line 2:	Durette Arkema Gerson & Gill PC		
Address Line 4:	Richmond, VIRGINIA 23219		
NAME OF SUBMITTER:	Frederick R. Gerson		
SIGNATURE:	/Frederick R gerson/		
DATE SIGNED:	10/04/2019		
Total Attachments: 4			
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HEALTH REINSURANCE MANAGEMENT PARTNERSHIP
SECRETARY OF THE COMMONWEALTH
CORPORATIONS DIVISION

CERTIFICATE OF CONVERSION TO A LIMITED LIABILITY COMPANY

Pursuant to the provisions of the Massachusetts General Laws Chapter 156C, the undersigned hereby certifies as follows:

1. **Name of Other Business Entity.** Health Reinsurance Management Partnership, a general partnership under the laws of the Commonwealth of Massachusetts (the "Partnership").
2. **Federal Identification Number.** 04-3188920
3. **Date of Formation.** The Partnership was formed by an Agreement of Partnership dated April 1, 2000, as amended and restated on June 1, 2003.
4. **Name of Limited Liability Company.** The name of the Limited Liability Company is HRMP, LLC, as set forth in the Certificate of Organization attached hereto.
5. **Effective Date of Conversion.** The effective date of conversion shall be December 1, 2013.

IN WITNESS WHEREOF, the undersigned hereby affirms under the penalties of perjury that the facts stated herein are true, this 9th day of October, 2013.

HEALTH REINSURANCE MANAGEMENT
PARTNERSHIP

BY: HRMP, Inc., a general partner

by: [Signature]
John C. LaCava, President

by: [Signature]
David E. Carey, Treasurer

BY: HRMP (II), Inc., a general partner

by: [Signature]
John C. LaCava, President

by: [Signature]
David E. Carey, Treasurer

TRADEMARK

REEL: 006767 FRAME: 0810

HRMP, LLC

CERTIFICATE OF ORGANIZATION

Pursuant to the provisions of the Massachusetts General Laws Chapter 156C, the undersigned hereby certifies as follows:

Federal Identification No.: 04-3188920

1. **Name of the Limited Liability Company.** The name of the limited liability company formed hereby (the "LLC") is HRMP, LLC.

2. **Office of the Limited Liability Company.** The address of the office of the LLC in the Commonwealth is 300 Rosewood Drive, Suite 250, Danvers, MA 01923.

3. **Business of the LLC.** The general character of the business of the LLC is to be a reinsurance manager and third party administrator and to carry on all activities reasonably related thereto, including owning shares or interests in entities doing business in the industry, and to carry on any other lawful business permitted to a limited liability company under M.G.L. Ch. 156C.

4. **Date of Dissolution.** The LLC has no specific date of dissolution.

5. **Agent for Service of Process.** The name and address of the resident agent for service of process for the LLC is Jacob S. Segal, Esq., 59 Federal St., Salem, MA 01970.

6. **Name and Business Address of Manager (s).** The name and business address, if different from office location, of each Manager:

- a. John C. LaCava
- b. Timothy M. Kenny
- c. John I. Mange
- d. David E. Carey

7. **The name and business address, if different from office location, of each person in addition to Manager(s) authorized to execute documents filed with the Corporations Division, and at least one person shall be named if there are no managers:**

NAME

ADDRESS

NONE

8. The name and business address, if different from office location, of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property recorded with a registry of deeds or district office of the land court:

NAME

ADDRESS

- a. John C. LaCava
- b. Timothy M. Kenny
- c. John I. Mange
- d. David E. Carey

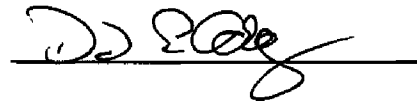
9. Additional Matters:

NONE

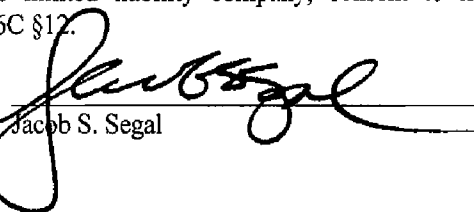
Signed by Authorized Signatory:

HRMP, LLC

BY:



I, Jacob S. Segal, Resident Agent of the above limited liability company, consent to my appointment as resident agent pursuant to G.L. c. 156C §12.



Jacob S. Segal

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SECRETARY OF THE COMMONWEALTH
CORPORATIONS DIVISION

CHECK/VOUCHER # 19158
19159

The Commonwealth of Massachusetts
Limited Liability Company
(General Laws, Chapter 156C)

Filed this 21st day of October, 2013

William Francis Galvin
Secretary of the Commonwealth

SECRETARY OF THE
COMMONWEALTH
2013 OCT 21 AM 10:56
CORPORATIONS DIVISION

Name _____

Phone _____