

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM554320

<b>SUBMISSION TYPE:</b>	RESUBMISSION		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>RESUBMIT DOCUMENT ID:</b>	900516403		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
HAVEN LIFE INSURANCE AGENCY, INC.		07/28/2015	Corporation: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Haven Life Insurance Agency, LLC		
<b>Street Address:</b>	60 Madison Avenue		
<b>Internal Address:</b>	7th Floor		
<b>City:</b>	New York		
<b>State/Country:</b>	NEW YORK		
<b>Postal Code:</b>	10010		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4537236	COVERPATH	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	8777697945		
<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>Email:</b>	tmdoctc@fr.com		
<b>Correspondent Name:</b>	Kerrijane John		
<b>Address Line 1:</b>	P.O. BOX 1022		
<b>Address Line 4:</b>	Minneapolis, MINNESOTA 55440		
<b>ATTORNEY DOCKET NUMBER:</b>	07718-0238001		
<b>NAME OF SUBMITTER:</b>	Kerrijane John		
<b>SIGNATURE:</b>	/Kerrijane John/		
<b>DATE SIGNED:</b>	12/20/2019		
<b>Total Attachments: 2</b>			
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source=Haven Life Insurance Agency LLC#page2.tif			

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A CORPORATION TO A  
LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is Delaware.
- 2.) The jurisdiction immediately prior to filing this Certificate is Delaware.
- 3.) The date the corporation first formed is 03/11/2013.
- 4.) The name of the Corporation immediately prior to filing this Certificate is  
Haven Life Insurance Agency, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of  
Formation is Haven Life Insurance Agency, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
28th day of July, A.D. 2015

By: 

Authorized Person

Name: Antonio Scibelli

Print or Type

STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION

• **First:** The name of the limited liability company is Haven Life Insurance Agency, LLC

• **Second:** The address of its registered office in the State of Delaware is  
3411 Silverside Road Rodney Building #104 in the City of Wilmington  
Zip Code 19810

The name of its Registered agent at such address is  
Corporate Creations Network Inc.

• **Third:** (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this  
28th day of July, 2015.

By:   
Authorized Person(s)

Name: Antonio Scibelli  
Typed or Printed