

11-02-2000

FORM PTO-1618A  
Expires 08/30/99  
OMB 0651-0027



101503948

10.16.00

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

#### Submission Type

- New
- Resubmission (Non-Recordation)  
Document ID #
- Correction of PTO Error  
Reel #  Frame #
- Corrective Document  
Reel #  Frame #

#### Conveyance Type

- Assignment  License
- Security Agreement  Nunc Pro Tunc Assignment
- Merger
- Change of Name
- Other

Effective Date  
Month Day Year

#### Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year

Name

Formerly

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other
- Citizenship/State of Incorporation/Organization

#### Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)     
City State/Country Zip Code

- Individual  General Partnership  Limited Partnership  If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
- Corporation  Association
- Other
- Citizenship/State of Incorporation/Organization

#### FOR OFFICE USE ONLY

11/01/2000 GTON11 00000093 1479900

01 FC:481 40.00 DP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20503

REEL: 002165 FRAME: 0866

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages** Enter the total number of pages of the attached conveyance document including any attachments.

#

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text" value="1,479,900"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Properties**

Enter the total number of properties involved.

#

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

**Statement and Signature**

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Philip D. Mitchell  
Name of Person Signing

  
Signature

10/16/00  
Date Signed

4.27.00

FORM PTO-1618A  
Expires 06/30/99  
OMB 0651-0027

05-15-2000

U.S. Department of Commerce  
Patent and Trademark Office  
TRADEMARK



101355763

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40.00 DP

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TRADEMARK

REEL: 002165 FRAME: 0868

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages** Enter the total number of pages of the attached conveyance document including any attachments. #

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Trademark Application Number(s)			Registration Number(s)		
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Properties** Enter the total number of properties involved. #

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed  Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes  No

**Statement and Signature**

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Philip D. Mitchell  
Name of Person Signing

Philip D. Mitchell  
Signature

427.00  
Date Signed

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : K93070936  
CONTROL NUMBER: K401994  
EFFECTIVE DATE: 11/01/1999  
REFERENCE : 0077  
PRINT DATE : 11/03/1999  
FORM NUMBER : 611

EPSTEIN BECKER & GREEN, P.C.  
ELIZABETH D. STOTTLEMYER  
1227 25TH STREET, NW  
WASHINGTON, DC 200371156

**CERTIFICATE OF NAME CHANGE AMENDMENT**

I, Cathy Cox, the Secretary of State and the Corporations Commissioner of the State of Georgia, do hereby certify under the seal of my office that

**PRINCIPAL HEALTH CARE OF GEORGIA, INC.**  
**A DOMESTIC PROFIT CORPORATION**

has filed articles of amendment in the Office of the Secretary of State changing its name to

**COVENTRY HEALTH CARE OF GEORGIA, INC.**

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



Cathy Cox  
Secretary of State

**TRADEMARK**  
**REEL: 002165 FRAME: 0870**

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF  
PRINCIPAL HEALTH CARE OF GEORGIA, INC.**

**TO THE SECRETARY OF STATE OF  
THE STATE OF GEORGIA:**

Pursuant to the provisions of Section 14-2-1006 of the Georgia Business Corporation Code, Principal Health Care of Georgia, Inc. adopts the following Articles of Amendment:

**FIRST:** The name of the corporation is Principal Health Care of Georgia, Inc. (the "Corporation").

**SECOND:** The Articles of Incorporation are amended as follows:

To delete in its entirety Article One of the Articles of Incorporation and substitute in its place and stead:

1. The name of the corporation is Coventry Health Care of Georgia, Inc.

**THIRD:** The above stated amendment was adopted on September 22, 1999.

**FOURTH:** In accordance with Section 14-2-1003 of the Georgia Business Corporation Code, the sole shareholder of the Corporation, pursuant to a written consent resolution dated September 22, 1999, accepted and adopted a resolution amending the Articles of Incorporation of the Corporation proposed, declared and recommended by the Board of Directors of the Corporation as stated above.

**FIFTH:** This Amendment to the Articles of Incorporation shall be effective upon filing the same with the Secretary of State of the State of Georgia.

Dated this 22 day of September, 1999.

**PRINCIPAL HEALTH CARE OF GEORGIA, INC.**

By: \_\_\_\_\_

*Shirley R. Smith*  
Shirley R. Smith  
Secretary

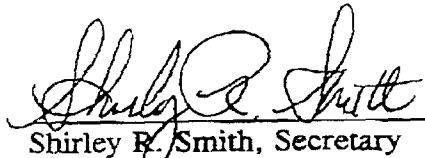
NOV 08 '99 17:23

SECRETARY OF STATE

**CERTIFICATE OF THE SECRETARY  
OF  
PRINCIPAL HEALTH CARE OF GEORGIA, INC.**

I, Shirley R. Smith, the Secretary of Principal Health Care of Georgia, Inc., a Georgia business corporation (the "Corporation"), hereby certify that the Corporation has delivered to the Daily Report, a newspaper which is located in Atlanta, Georgia and is the official organ of the county in which the Corporation's registered office is located, a Notice of Change of Corporate Name, as required by Section 14-2-1006.1 of the Georgia Business Corporation Code. This Notice of Change of Corporate name was delivered to the Daily Report for publication simultaneous to the delivery of the Articles of Amendment of the Corporation to the Secretary of State of Georgia.

WITNESS my hand and seal of said Corporation on this 29<sup>th</sup> day of October, 1999.

  
\_\_\_\_\_  
Shirley R. Smith, Secretary

NOV 1 10 29 AM '99

SECRETARY OF STATE