FORM PTO-1594 (Modified) (Rev. 6-93)	RECORDATION FORM OOVER THE		Docket No.:
OMB No. 0651-0011 (exp.4/94) Copyright 1994-97 LegalStar TM05/REV03		25-2003	
Tab settings → → ▼			▼ _ ▼
To the Director of the United States Patent	and Tra	ainal daar	ments or copy thereof.
1. Name of conveying party(ies): 102508403 girlar documents of copy thereof.			
Trigon Insurance Company d/b/a Trigon Blue Gross Blue Shield		Name: Anthem Health Plans of Virginia, Inc. d/b/a	
		Anthem Blue Cross and Blue Shield	
☐ Individual(s) FINANCE ∰	Association	Street Address: 2015 Staples	Mill Road
☐ General Partnership ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Limited Partnership	City: Richmond	
Other		☐ Individual(s) citizenship _	
Additional names(s) of conveying party(ies)	☐ Yes ☒ No	☐ Association	
		☐ General Partnership	
3. Nature of conveyance:		☐ Limited Partnership	
☐ Assignment ☐	Merger		a
, -	Change of Name	☐ Other	
Other		If assignee is not domiciled in the Unit	•
Execution Date: December 2, 2002		designation is (Designations must be a separate doc	
		Additional name(s) & address(es)	☐ Yes ☐ N
76/379,116	Additional numbers	☐ Yes ⊠ No	
5 Name and address of a state to subserve		6. Total number of applications a	nd -
Name and address of party to whom correspondence concerning document should be mailed:		registrations involved:	
Name: Mary Dalton Baril, Esq.		7. Total fee (37 CFR 3.41):\$ \$40.00	
Internal Address: <u>McGuireWoods LLP</u>		☑ Enclosed	
		☐ Authorized to be charged t	o deposit account
Street Address: One James Center, 901 East Cary Street		8. Deposit account number:	
		13-0437	
City: Richmond State: VA ZIP: 23219-			
40.30 DO NOT USE THIS SPACE			
07/24/2003 DBYRNE 00000042 76379116			
01 FC:8521 40.00 OP			
9. 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.			
Mary Dalton Baril	_ Clary	Van 7	14,2003
Name of Person Signing	į	Signature	Date
Total number of pages including cover sheet, attachments, and			

TRADEMARK REEL: 002785 FRAME: 0134 McGuireWoods LLP
One James Center
901 East Cary Street
Richmond, VA 23219-4030
Phone: 804.775.1000
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Mary Dalton Baril Direct Dial: 804.775.1169 Direct Fax: 804.698.2009 mbaril@mcguirewoods.com

July 17, 2003

U.S. Patent and Trademark Office Assignment Division BOX ASSIGNMENTS, CG-4 1213 Jefferson Davis Highway, Suite 320 Washington, D.C. 20231

> Evidence of Name Change from Trigon Insurance Company d/b/a Trigon Blue Cross Blue Shield to Anthem Health Plans of Virginia, Inc. d/b/a Anthem Blue Cross and Blue Shield Our Reference No. 2011560-0166

Dear Sir or Madam:

Enclosed for recording against the application for CHECK THE BOX (Serial No. 76/379,116) is a Recordation Form Cover Sheet evidencing the name change from Trigon Insurance Company d/b/a Trigon Blue Cross Blue Shield to Anthem Health Plans of Virginia, Inc. d/b/a Anthem Blue Cross and Blue Shield.

Also enclosed is our check in the amount of \$40.00. Please charge our Deposit Account No. 13-0437 for any additional fees that may be required or credit our account for any overpayment.

Please let me know if you have any questions.

Sincerely yours,

Mary Dalton Baril

mid

Enclosures

cc:

Amy Holt Davis, Esq.

RECORDED: 07/22/2003

TRADEMARK REEL: 002785 FRAME: 0135