

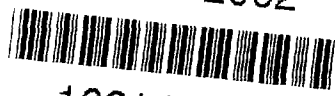
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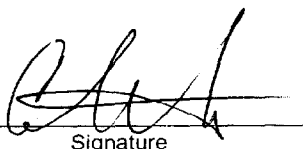
Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/20) Tab settings



EET U.S. DEPAR U.S. Patent & TMO/TM Mail Rcpt Dt. #26 Y U.S. Pat

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): National Benefit Resources, Inc. 6-10-02</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) Name: <u>UnitedHealth Group Incorporated</u> Internal Address: <u>MN008-T410</u> Street Address: <u>9900 Bren Road East</u> City: <u>Minnetonka</u> State: <u>MN</u> Zip: <u>55343</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>Minnesota</u> <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p> <p>Execution Date: <u>May 22, 2002</u></p>	<p>4. Application number(s) or registration number(s): A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) <u>2,009,903;</u> <u>1,902,980; 1,904,609</u></p> <p>Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Richard J. Groos, Esq.</u> Internal Address: <u>Fulbright & Jaworski L.L.P.</u> Street Address: <u>600 Congress Ave., Suite 2400</u> City: <u>Austin</u> State: <u>TX</u> Zip: <u>78701</u></p>	<p>6. Total number of applications and registrations involved: 3</p> <p>7. Total fee (37 CFR 3.41).....\$ <u>90.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: _____</p>
DO NOT USE THIS SPACE	
<p>9. Signature. <u>Christopher S. Harrison, Esq.</u>  <u>6/5/02</u> Name of Person Signing Signature Date</p> <p style="text-align: right;">Total number of pages including cover sheet, attachments, and document: 4</p>	

Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231

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01 FC:481 40.00 OP
02 FC:482 50.00 OP

TRADEMARK
REEL: 2534 FRAME: 0671



06-10-2002

U.S. Patent & TMO/tc/TM Mail Rcpt Dt. #26

TRADEMARK ASSIGNMENT

WHEREAS, National Benefit Resources, Inc., a Minnesota corporation, having a mailing address of 5402 Parkdale Drive, Suite 300, Minneapolis, Minnesota 55416, has adopted, used, is using and is the owner of the following trademarks now registered in the United States Patent and Trademark Office:

<u>Mark</u>	<u>Registration Number</u>	<u>Registration Date</u>
PATHPOINT	2,009,903	October 22, 1996
NATIONAL BENEFIT RESOURCES	1,902,980	July 4, 1995
NBR NATIONAL BENEFIT RESOURCES & Design	1,904,609	July 11, 1995

WHEREAS, UnitedHealth Group Incorporated, a Minnesota corporation having a business address of 9900 Bren Road East, MN008-T410, Minnetonka, Minnesota, 55343, desires to acquire all rights and goodwill associated with the marks;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, National Benefit Resources, Inc. does hereby assign to UnitedHealth Group Incorporated all right, title and interest in and to said marks, together with

the goodwill of the business symbolized by the marks and the above-identified registrations of said marks.

National Benefit Resources, Inc.

By: Mark L. Helvick

Name: Mark L. Helvick

Title: Senior Vice President and Chief Financial Officer

Date: 5-22-02

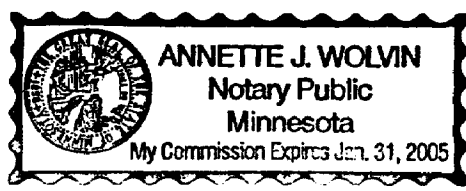
STATE OF MINNESOTA §
 §
COUNTY OF HENNEPIN §

Before me, the undersigned authority, on this 22nd day of May, 2002, personally appeared Mark L. Helvick, known to me to be the person whose name is subscribed to the foregoing instruments and acknowledged to me that he is authorized to execute the same on behalf of the identified corporation and that he executed the same on behalf of the corporation for the purposes and consideration therein expressed.

Annette J. Wolvin
Notary Public, State of Minnesota

Name Printed: Annette J. Wolvin

My Commission Expires: Jan 31, 2005



FULBRIGHT & JAWORSKI L.L

A REGISTERED LIMITED LIABILITY PARTNERSHIP
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AUSTIN, TEXAS 78701-3271
WWW.FULBRIGHT.COM



06-10-2002

U.S. Patent & TMO/TM Mail Rcpt Dt. #26

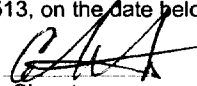
CHARRISON@FULBRIGHT.COM
DIRECT DIAL: (512) 536-3123

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FACSIMILE: (512) 536-4598

June 5, 2002

FILE: UHGS:068,
UHGS:094,
UHGS:095

BOX ASSIGNMENTS
Commissioner for Trademarks
2900 Crystal Drive
Arlington, Virginia 22202-3513

CERTIFICATE OF MAILING 37 C.F.R 1.8	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Trademarks, 2900 Crystal Drive, Arlington, VA 22202-3513, on the date below:	
<i>6/5/02</i> Date	 Signature

RE: *Trademark Assignment Recordation Request*

Commissioner:

Enclosed for recordation with the Patent and Trademark Office are the following documents:

1. PTO Recordation Form Cover Sheet
2. Trademark Assignment between National Benefit Resources, Inc. and UnitedHealth Group Incorporated.
3. Check in the amount of \$90.00 in payment of recordation fees.
4. Acknowledgment of Receipt Postcard to be date-stamped and returned to us by mail.

Please note that the above-referenced Trademark Assignment was initially submitted to you on June 4, 2002 without the required PTO Recordation Form Cover Sheet. Therefore, we are re-submitting the Trademark Assignment along with the enclosed Recordation Form Cover Sheet for recordal.

Respectfully submitted,

Christopher S. Harrison

Encl. PTO Recordation Form Cover Sheet
Trademark Assignment

Return Postcard