

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Bank of America, N.A.		11/16/2007	INC. ASSOCIATION: UNITED STATES

RECEIVING PARTY DATA

Name:	CompBenefits Dental and Vision Company
Street Address:	100 Mansell Court East, Suite 400
City:	Roswell
State/Country:	GEORGIA
Postal Code:	30076
Entity Type:	CORPORATION: FLORIDA

Name:	CompBenefits Corporation
Street Address:	100 Mansell Court East, Suite 400
City:	Roswell
State/Country:	GEORGIA
Postal Code:	30076
Entity Type:	CORPORATION: DELAWARE

Name:	Ultimate Optical, Inc.
Street Address:	100 Mansell Court East, Suite 400
Internal Address:	CompBenefits
City:	Roswell
State/Country:	GEORGIA
Postal Code:	30076
Entity Type:	CORPORATION: FLORIDA

PROPERTY NUMBERS Total: 17

Property Type	Number	Word Mark
Registration Number:	1214311	COMP DENT

OP \$440.00 1214311

Registration Number:	1528658	COMPDENT PREPAID DENTAL BENEFIT PLANS
Registration Number:	2119763	COMPSAVE
Registration Number:	2651267	THE DENTAL AND VISION BENEFITS COMPANY OF CHOICE!
Registration Number:	2706012	COMPBENEFITS
Registration Number:	2067515	OHS ORAL HEALTH SERVICES
Registration Number:	2193737	VISION CARE OUR FOCUS IS YOUR CARE. PLAN
Registration Number:	2241042	COMPNET
Registration Number:	2247620	P+ PRIMARY PLUS
Registration Number:	2577308	REFRACTIVECARE HELPING YOU SEE MORE CLEARLY. LASIK
Registration Number:	2446827	ULTIMATE OPTICAL LABORATORIES
Registration Number:	2451502	ULTIMATE OPTICAL
Registration Number:	2451525	UOI ULTIMATE OPTICAL INC
Registration Number:	3249133	COMPBENEFITS VISIONCARE
Registration Number:	3267789	COMPBENEFITS VISION DENTAL
Serial Number:	78773191	COMPBENEFITS PRIMARYPLUS
Serial Number:	78773147	COMPBENEFITS DIRECT

CORRESPONDENCE DATA

Fax Number: (212)548-2150
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 212-548-2130
Email: eschwidder@mcguirewoods.com
Correspondent Name: Ernst Schwidder
Address Line 1: 1345 Avenue of the Americas, 7th Floor
Address Line 2: McGuireWoods LLP
Address Line 4: New York, NEW YORK 10105

NAME OF SUBMITTER:	Ernst Schwidder
Signature:	/Ernst Schwidder/
Date:	12/12/2007

Total Attachments: 3
source=CompBenefits Corporation [DE] UCC-3 B of A Termination#page1.tif
source=Ultimate Optical, Inc. UCC-3 B of A Termination#page1.tif
source=CompBenefits Dental and Vision Company (Florida) UCC-3 B of A Termination#page1.tif

FILED

2007 Nov 16 AM 12:00

***** 200707030283 *****

UCC FINANCING STATEMENT AMENDMENT
 FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
 Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 20348 MCGUIRE & WOOD

UCC Direct Services	12696742
P.O. Box 29071	FLFL
Glendale, CA 91209-9071	

1a. INITIAL FINANCING STATEMENT FILE #
 20060240289X 17-APR-2006 SS FL

b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
 CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME
 Ultimate Optical, Inc.

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY

7d. SEE INSTRUCTION **ADDL. INFO RE ORGANIZATION DEBTOR** **7e. TYPE OF ORGANIZATION** **7f. JURISDICTION OF ORGANIZATION** **7g. ORGANIZATIONAL ID #, if any** NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
 Bank of America, N.A., as Administrative Agent

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA
 12696742 Debtor Name: Ultimate Optical, Inc. Florida S of S [CompBenefits]

FILED

2007 Nov 16 AM 12:00

***** 200707030275 *****

UCC FINANCING STATEMENT AMENDMENT
 FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
 Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 20348 MCGUIRE & WOOD

UCC Direct Services	12696740
P.O. Box 29071	FLFL
Glendale, CA 91209-8071	

THIS FINANCING STATEMENT AMENDMENT to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

1a. INITIAL FINANCING STATEMENT FILE #
 200602402911 17-APR-2006 SS FL

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
 CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.
 DELETE name: Give record name to be deleted in item 6a or 6b.
 ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME
 CompBenefits Dental and Vision Company

OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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7d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
 Bank of America, N.A., as Administrative Agent

OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA**
 12696740 Debtor Name: CompBenefits Dental and Vision Company Florida S of S [CompBenefits]