

FORM PTO-1618A

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

OMB 0651-0027

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
 Effective Date: _____
 Month Day Year
 Merger
 Change of Name
 Other _____

Conveying Party

_____ Mark if additional names of conveying parties attached

Name: **LifeUSA Insurance Company**
Formerly: **Life USA Holding, Inc.**

Execution Date: **February 7, 2001**

Individual General Partnership Limited Partnership
 Corporation Association
 Other _____

Citizenship/State of Incorporation/Organization **Minnesota Corporation**

Receiving Party

_____ Mark if additional names of conveying parties attached

Name: **Allianz Life Insurance Company of North America**

DBA/AKA/TA _____

Composed of _____

Address (line 1) **1750 Hennepin Avenue**

Address (line 2) _____

Address (line 3) **Minneapolis, Minnesota 55403**

City	State/Country	Zip Code
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Individual General Partnership Limited Partnership
 Corporation Association
 Other _____

State of Incorporation/Organization: **Minnesota**

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).

FOR OFFICE USE ONLY

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 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. 20540

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TRADEMARK

REEL: 2194 FRAME: 0436

FORM PTO-1618B

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

OMB 0651-0027

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name N/A
Address (line 1) _____
Address (line 2) _____
Address (line 3) _____
Address (line 4) _____

Correspondent Name and Address

Area Code and Telephone Number: 612 373-6907

Name Carolyn M. Sandberg
Address (line 1) SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
Address (line 2) P.O. Box 2938
Address (line 3) _____
Address (line 4) Minneapolis, MN/US 55402

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)

75/753,444	1,498,937
75/674,140	1,499,898
75/625,514	1,757,195
75/587,761	1,733,566
75/587,138	1,731,566
75/627,997	2,399,698
75/627,987	
76/014,485	
78/001,394	
78/007,049	

Number of Properties Enter the total number of properties involved. 16

FORM PTO-1618C

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

OMB 0651-0027

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$ 415.00

Method of Payment:

Enclosed _____

Deposit Account X

Deposit Account

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

Deposit Account Number: # 19-0743

Authorization to charge additional fees: Yes X 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.

Carole M. Sandberg
Name of Person Signing

Carole M Sandberg
Signature

February 20, 2001
Date Signed

TRADEMARK ASSIGNMENT


WHEREAS, LIFEUSA INSURANCE COMPANY (hereinafter "Assignor"), a Minnesota corporation, whose address is 300 South Highway 169, Minneapolis, MN 55426, is the record owner of the United States Trademark Registrations as listed in Schedule A, attached.

WHEREAS, ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA (hereinafter "Assignee"), a Minnesota corporation, whose address is 1750 Hennepin Avenue, Minneapolis, MN 55403, is desirous of acquiring all right, title and interest in and to the marks on Schedule A; (herein after "Assigned Marks");

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, said LifeUSA Insurance Company has sold, assigned and transferred, and by these presents does hereby sell, assign and transfer unto Assignee, its successors or assigns, the entire right, title and interest in the United States in and to the Assigned Marks, together with the goodwill and other incidents of the business associated with the Assigned Marks.

EXECUTED at Minneapolis, Minnesota, this 7th day of February, 2001.

LifeUSA Insurance Company

By: 
Carolyn Cosgrove
Second Vice President