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FCR M 'PTU-1594 (Modified)	REC	07-19-2000	Docket No.:	
OMB No. 0651-0011 (exp.4/94) Copyright 1994-97 LegalStar	TD		KBA0002	
TM05/REV03				
Tab settings → → → ▼  To the Honorable Commissioner of	Patente and	101408561	riginal D. E. S	
Name of conveying party(ies):	ratents and	30 01	riginal Pour Primary there	
1. Name of conveying party(les).		2. Name and address of red	eiving part (les).	
ANTHEM BENEFIT SERVICES, INC.		Name: IHN, INC.	APR 2 8 2000	
		Internal Address:	ע ען	
		Internal Address:		
☐ Individual(s)	☐ Association	Street Address: 4040 Vi	ncennes Chele	
•	Limited Partnersh	nip   City: Indianapolis	State: <u>IN</u> ZIP: 46268	
☑ Corporation-State Indiana		_		
Other			р	
Additional names(s) of conveying party(ies)	☐ Yes ☒ No			
3. Nature of conveyance:				
☑ Assignment	☐ Merger		diana	
☐ Security Agreement	☐ Change of Name	Other		
Other	-			
Execution Date:February 6, 1998		designation is	designation is ☐ Yes ☐ N (Designations must be a separate document from	
Execution Date. February 0, 1998		Additional name(s) & address(e:		
Name and address of party to whore concerning document should be material.	•	1,777,533	1 1 1	
Nama: Jeffrey O Pavidson				
Name: <u>Jeffrey O. Davidson</u>		7. Total fee (37 CFR 3.41):	7. Total fee (37 CFR 3.41):\$ \$40.00	
Internal Address: BAKER & DANIELS			M. Fralanad	
		☑ Enclosed		
		☐ Authorized to be charg	ged to deposit account	
Street Address: 111 East Wayne Street, Suite 800		8. Deposit account number:		
		02 0205		
City: Fort Wayne Sta	ate: <u>IN</u> ZIP: <u>46802</u>	02-0385		
<u> </u>		OT USE THIS SPACE		
07/17/2000 HTHAI1 00000117 1777533	1	or ose this space		
01 FC:481 40.00	<b>"</b>			
9. Statement and signature.  To the best of my knowledge and be of the original document.  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and be of the original document.**  **To the best of my knowledge and my knowledge	elief, the foregoing info	rmation is true and correct and an	y attached copy is a true copy	
Jeffrey O. Davidson	——————————————————————————————————————	70 M	April 28, 2000	
Name of Person Signing	//	Signature	Date	
Te	otal number of pages includi	ng cover sheet, attachments, an <b>TRA</b> □	) ENTA (EK	

REEL: 002104 FRAME: 0304

## ASSIGNMENT OF REGISTERED MARK

WHEREAS, ANTHEM BENEFIT SERVICES, INC., an Indiana Corporation having its principal offices at 4040 Vincennes Circle, Indianapolis, IN 46268 (hereinafter referred to as "ASSIGNOR"), has adopted, used, and is the owner of the service mark INDIANA HEALTH NETWORK for "health care services composed of a network of physicians, hospitals, and health care providers," and the corresponding U.S. Registration No. 1,777,533 of said mark for said services which was registered in the United States Patent and Trademark Office on June 15, 1993 and is currently registered therein (hereinafter referred to as the "Mark"); and

WHEREAS, IHN, INC., an Indiana Corporation having its principal offices at 4040 Vincennes Circle, Indianapolis, IN 46268 (hereinafter referred to as "ASSIGNEE"), is desirous of acquiring the Mark, together with the goodwill of the business symbolized by said Mark;

NOW, THEREFORE, in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNOR hereby assigns to ASSIGNEE all its right, title and interest in and to the Mark, together with the goodwill of the business symbolized by said Mark and the right to sue for infringement of said Mark.

1

TRADEMARK
REEL: 002104 FRAME: 0305

This Assignment shall be effective nunc pro tunc as of the 6th day of February, 1998.

ANTHEM BENEFIT SERVICES, INC.

Name: Sandra Miller

Title: Assistant Sucreton

STATE OF INDIANA

) ss

**COUNTY OF MARION** 

Before me, the undersigned, a Notary Public in and for said County and State, this 27 day of April, 2000, personally appeared <u>SANDRA MILLER</u>, to me well known, who acknowledged the execution of the foregoing instrument as his/her free act and deed on behalf of Anthem Benefit Services, Inc.

My Commission Expires: March 2, 2007
County of Residence: Juliuson County of Residence:

**RECORDED: 04/28/2000**