11.28.00

Docket No.: FORM PT 1594 (Modified) 07-19-2000 REC (Rev. 6-93) OMB No. 0651-0011 (exp.4/94) **KBA0002** TF Copyright 1994-97 LegalStar TM05/REV03 Tab settings → → → 101408579 .ed original documents or copy thereof. To the Honorable Commissioner of Patents ar 2. Name and address of receiving part ((5)) 1. Name of conveying party(ies): Name: IHN, INC. KEY BENEFIT ADMINISTRATORS, INC. APR 2 8 2000 Internal Address: Street Address: 9000 Keystone Crossing, Suite 400 ☐ Association Individual(s) Limited Partnership ☐ General Partnership State: IN ZIP: 46240 City: Indianapolis Indiana Individual(s) citizenship Other \_\_\_ ☐ Association \_\_\_\_\_ ☐ Yes 🏻 No Additional names(s) of conveying party(ies) ☐ General Partnership 3. Nature of conveyance: ☐ Limited Partnership \_\_\_\_\_\_ ★ Assignment ☐ Merger ☐ Other ☐ Change of Name ☐ Security Agreement If assignee is not domiciled in the United States, a domestic ☐ Other ☐ Yes designation is (Designations must be a separate document from Execution Date: July 1, 1999  $\square$  N ☐ Yes Additional name(s) & address(es) 4. Application number(s) or registration numbers(s): B. Trademark Registration No.(s) A. Trademark Application No.(s) 1,777,533 ☐ Yes 🏻 No Additional numbers 6. Total number of applications and 5. Name and address of party to whom correspondence registrations involved:..... concerning document should be mailed: Name: Jeffrey O. Davidson 7. Total fee (37 CFR 3.41):....\$ \$40.00 Internal Address: BAKER & DANIELS ☐ Authorized to be charged to deposit account 8. Deposit account number: Street Address: 111 East Wayne Street, Suite 800 02-0385 State: IN ZIP: 46802 City: Fort Wayne DO NOT USE THIS SPACE 07/17/2000 HTHAI1 00000119 1777533 40.00 DP 01 FC:481 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. April 28, 2000 Jeffrey O. Davidson Date Name of Person Signing Total number of pages including cover sheet, attachments, and TRAI

**REEL: 002104 FRAME: 0375** 

## ASSIGNMENT OF REGISTERED MARK

WHEREAS, KEY BENEFIT ADMINISTRATORS, INC., an Indiana Corporation having its principal offices at 9000 Keystone Crossing, Suite 400, Indianapolis, IN 46240 (hereinafter referred to as "ASSIGNOR"), has adopted and 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 9000 Keystone Crossing, Suite 400, Indianapolis, IN 46240 (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.

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TRADEMARK REEL: 002104 FRAME: 0376 This Assignment shall be effective *nunc pro tunc* as of the 1st day of July, 1999.

KEY BENEFIT ADMINISTRATORS, INC.

Name: Larry R. Dust

Title: Chief Executive Officer

STATE OF INDIANA ) ss COUNTY OF MARION )

Before me, the undersigned, a Notary Public in and for said County and State, this 2600 day of April, 2000, personally appeared Larry R. Dust, to me well known, who acknowledged the execution of the foregoing instrument as his free act and deed on behalf of Key Benefit Administrators, Inc.

Wallace Lay Notary Public

My Commission Expires: 1/30/0/
County of Residence: Hamilton

RECORDED: 04/28/2000