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02-07-2002

Form **PTO-1594**(Rev. 03/01)
OMB No. 0651-0027 (Exp. 1574-72002)

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DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

1. Name of conveying party(ies): Ameritas Life Insurance Corp. Ameritas Life Insurance Corp. Association General Partnership Limited Partnership Address: Other Other Security Agreement Other Execution Date: January 28, 2002 4. Application number(s) or registration number(s): A. Trademark Application No.(s) 76/102968 Additional number(s) attached? Additional number(s) attached Additional number(s) attached? Additional number(s) attached Additional number of applications and registrations involved: Total fee (37 CFR 3.41)	Tab settings	Please record the attached original documents or copy thereof.
Address: 5900 "O" Street Corporation-State Nebraska Additional name(s) of conveying party(ies) attached? Yes \(\) No 3. Nature of conveyance: Xi Assignment Change of Name Other Stecution Date: January 28, 2002 4. Application number(s) or registration number(s): A. Trademark Application No.(s) 76/102968 Additional number(s) attached Additional number(s) attached To the and address of party to whom correspondence concerning document should be mailed: Name: David M. Williams Internal Address: Law Department Ameritas Life Insurance Corp. Street Address: 5900 "O" Street Additional number: Additional number: Authorized to be charged to deposit account B. Deposit account number: City: Lincoln State: NE Zip: 68510 Additional number: Street Address: 5900 "O" Street Additional number: Authorized to be charged to deposit account Do Not use this space 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached page if paying by deposit account of the original document. Jacque S. Hormung Name of Person Signing Additional number: Street Address: 5900 "O" State Address: 5900 "O" Street Address: 5900 "O" Street Address: 5900 "O" Street Address: 5900 "O" Street Address: 5900 "O" Additional number(s) attached Yes \(\) No Total fee (37 CFR 3.41)	1. Name of conveying party(ies): 1-31-02	2. Name and address of receiving party(ies) Name: Ameritas Acacia Mutual Insuran
Additional name(s) of conveyance: XM Assignment	General Partnership Corporation-State Nebraska	Address:Street Address:5900_''O''_Street City:_Lincolnstate:_NEzip:_68510 Individual(s) citizenship
3. Nature of conveyance: Xi Assignment	Additional name(s) of conveying party(ies) attached? Additional name(s) of conveying party(ies) attached?	
Security Agreement Change of Name Other Security Agreement Change of Name Other Street Address: 5900 "O" Street City: Lincoln State: NE Zip: 68510 (Attach duplicate copy of the original document. Description is attached Transaction in the United States, a domestic representative designation is attached: Ves No (Designations must be a steparate document from assignment) additional name(s) & attached? Ves No (Designations must be a steparate document from assignment) additional name(s) & attached? Ves No (Designations must be a steparate document from assignment) additional name(s) & attached? Ves No (Designations must be a steparate document from assignment) additional name(s) & attached? Ves No (Designations must be a steparate document from assignment) additional name(s) & attached? Ves No (Designations must be a steparate document from assignment) additional name(s) & attached? Ves No (Designations must be a steparate document from assignment) additional name(s) & attached? Ves No (Designations must be a steparate document from assignment) additional name(s) & attached? Ves No (Designations must be a steparate document from assignment) additional name(s) & attached? Ves No (Designations must be a steparate document from assignment) additional name(s) & attached? Ves No (Designations and registration No.(s) B. Trademark Registration No.(s) 6. Total number of applications and registrations involved: 7. Total fee (37 CFR 3.41)	3. Nature of conveyance:	Limited Partnership
Other	XX Assignment	XXII Corporation-State Nebraska
A. Trademark Application No.(s) 76/102968 Additional number(s) attached Yes No 5. Name and address of party to whom correspondence concerning document should be mailed: Name:David M. Williams Internal Address:Law Department: Ameritas Life Insurance Corp. Street Address:5900 ''O'' Street City:Lincoln	Other	representative designation is attached:
Additional number(s) attached	4. Application number(s) or registration number(s):	
Additional number(s) attached Yes No 5. Name and address of party to whom correspondence concerning document should be mailed: Name:David M. Williams Internal Address:Law Department Ameritas Life Insurance Corp. Street Address:5900 ''O'' Street City: _LincolnState:NEZip:68510 (Attach duplicate copy of this page if paying by deposit account of the best of my knowledge and belief, the foregoing information is true and correct and any attached copy of the original document. Jacque S. Hornung Name of Person Signing Additional number(s) attached Yes No 6. Total number of applications and registrations involved:	A. Trademark Application No.(s)	B. Trademark Registration No.(s)
5. Name and address of party to whom correspondence concerning document should be mailed: Name:David M. Williams Internal Address:Law Department Ameritas Life Insurance Corp	76/102968	
concerning document should be mailed: Name:David M. Williams Internal Address:Law Department Ameritas Life Insurance Corp		attached 📮 Yes 🔯 No
Internal Address: Law Department Ameritas Life Insurance Corp. Street Address: 5900 "O" Street City: Lincoln State: NE Zip: 68510 (Attach duplicate copy of this page if paying by deposit account Do Not Use THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy of the original document. Jacque S. Hornung Name of Person Signing 7. Total fee (37 CFR 3.41)\$ 100.00 Authorized to be charged to deposit account number: (Attach duplicate copy of this page if paying by deposit account number: 1	concerning document should be mailed:	registrations involved:
Ameritas Life Insurance Corp. Authorized to be charged to deposit account Street Address: 5900 ''O'' Street 8. Deposit account number: City: Lincoln State: NE Zip: 68510 (Attach duplicate copy of this page if paying by deposit account number) DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy of the original document. Jacque S. Hornung Name of Person Signing Signature Date 1-29-002 Date	Internal Address: Law Department	7. Total fee (37 CFR 3.41)\$_100.00
Street Address: 5900 ''O'' Street 8. Deposit account number: City: Lincoln State: NE Zip: 68510 (Attach duplicate copy of this page if paying by deposit account number: DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy at a true copy of the original document. Jacque S. Hornung Name of Person Signing Signature 2. Deposit account number: 1. 29 2002 Data		Enclosed
City: Lincoln State: NE Zip: 68510 (Attach duplicate copy of this page if paying by deposit accound DO NOT USE THIS SPACE 9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy of the original document. Jacque S. Hornung Name of Person Signing O Signature Attach duplicate copy of this page if paying by deposit accound accound the page if paying by deposit accoun		Authorized to be charged to deposit account
9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy for the original document. Jacque S. Hornung Name of Person Signing Do NOT USE THIS SPACE 1-29 2002 Data Data	Street Address:5900 ''O'' Street	8. Deposit account number:
9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy at true copy of the original document. Jacque S. Hornung Name of Person Signing Datas	Only Online Dip	(
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Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231	40.00 DP /	X

TRADEMARK
REEL: 002438 FRAME: 0417

ASSIGNMENT

WHEREAS, Ameritas Life Insurance Corp. of 5900 "O" Street, Lincoln, Nebraska 68510, has made application for service mark registration with the United States Patent and Trademark Office, Serial No. 76/102968, dated June 26, 2000; and

WHEREAS, Ameritas Acacia Mutual Insurance Holding Company, the ultimate parent company of Ameritas Life Insurance Corp. and Acacia Life Insurance Company, of 5900 "O" Street, Lincoln, Nebraska 68510, is desirous of acquiring said mark and continuing the registration process of said mark;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, said Ameritas Life Insurance Corp. does hereby assign unto the said Ameritas Acacia Mutual Insurance Holding Company all right, title and interest in and to the said mark, together with the good will of the business symbolized by the mark, and the above identified application thereof.

David M. Williams,

Attorney for Ameritas Life Insurance Corp.

STATE OF NEBRASKA) ss.
COUNTY OF LANCASTER)

The foregoing instrument was acknowledged before me this $\frac{26^{+h}}{2}$ day of January, 2002, by David M. Williams, attorney for Ameritas Life Insurance Corp., a Nebraska corporation, on behalf of the corporation.

WITNESS my hand and official seal.

Notary Public

My Commission Expires:

GENERAL NOTARY-State of Nebraska

JACQUE S. RAHDER

My Comm. Exp. April 24, 2004

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RECORDED: 01/31/2002

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