

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Medica		10/15/1999	Nonprofit Corporation: MINNESOTA
RECEIVING PARTY DATA			
Name:	Medica Health Plans		
Street Address:	5601 Smetana Drive		
City:	Minnetonka		
State/Country:	MINNESOTA		
Postal Code:	55343		
Entity Type:	Nonprofit Corporation: MINNESOTA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	1435999		
CORRESPONDENCE DATA			
Fax Number:	(612)335-1657		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	612-335-1448		
Email:	eric.paulsrud@leonard.com		
Correspondent Name:	Eric D. Paulsrud		
Address Line 1:	150 South 5th Street, Suite 2300		
Address Line 4:	Minneapolis, MINNESOTA 55402		
ATTORNEY DOCKET NUMBER:	54401.00105		
NAME OF SUBMITTER:	Eric D. Paulsrud		
Total Attachments: 1			
source=Name Change - Medica - Medica Health Plans - 15-OCT-1999#page1.tif			

OP \$40.00 1435999

APPROVED

MINNESOTA SECRETARY OF STATE
AMENDMENT OF ARTICLES OF INCORPORATION

BEFORE COMPLETING THIS FORM, PLEASE READ INSTRUCTIONS LISTED BELOW.

M-155

CORPORATE NAME: (List the name of the company prior to any desired name change)

MEDICA

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

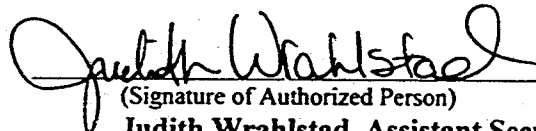
The following amendment(s) of articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1.)

ARTICLE 1

Name

The name of the corporation shall be: Medica Health Plans. OK

This amendment has been approved pursuant to *Minnesota Statutes Chapter 302A or 317A*. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.


(Signature of Authorized Person)
Judith Wrahlstad, Assistant Secretary

INSTRUCTIONS:

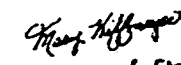
1. Type or print with black ink.
2. A filing fee of \$35.00, made payable to the Secretary of State.
3. Return completed forms to:
Secretary of State
Business Services Divisions
180 State Office Building
100 Constitution Avenue
St. Paul, MN 55155-1299

030443

FOR OFFICE USE ONLY

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

OCT 15 1999


Secretary of State