

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Marshfield Clinic		01/26/2006	CORPORATION:
RECEIVING PARTY DATA			
Name:	Security Health Plan of Wisconsin, Inc.		
Street Address:	1515 Saint Joseph Avenue		
City:	Marshfield		
State/Country:	WISCONSIN		
Postal Code:	54449		
Entity Type:	CORPORATION:		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	2240221	SECURITY SAFETY SEAL	
Registration Number:	2414892	SECURITY HEALTH PLAN	
Registration Number:	2815196	SECURITY HEALTH PLAN	
CORRESPONDENCE DATA			
Fax Number:	(608)831-2106		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	608-831-2100		
Email:	mal@dewittross.com		
Correspondent Name:	Marcia Layton		
Address Line 1:	8000 Excelsior Drive		
Address Line 4:	Madison, WISCONSIN 53717		
ATTORNEY DOCKET NUMBER:	09866.264/702/708		
NAME OF SUBMITTER:	Marcia Layton		
Signature:	/layton/		

OP \$90.00 2240221

Date:

02/17/2006

Total Attachments: 2

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ASSIGNMENT OF MARKS

This document is an ASSIGNMENT made by Marshfield Clinic, a Wisconsin corporation located and doing business at 1000 North Oak Ave., Marshfield, WI 54449 (hereinafter the ASSIGNOR), to Security Health Plan of Wisconsin, Inc., a Wisconsin corporation located and doing business at 1515 Saint Joseph Avenue, Marshfield, WI 54449 (hereinafter the ASSIGNEE), and is effective as of the last date set forth below.

ASSIGNOR has adopted, used, and is using the following marks, either by itself or through a Related Company (as that term is defined in 15 USC §1127) such as ASSIGNEE, and is the owner of the following marks, as identified in the following documents on file in the U.S. Patent and Trademark Office:

Mark	Registration No.	Registration Date
SECURITY SAFETY SEAL	2240221	April 20, 1999
SECURITY HEALTH PLAN (logo)	2414892	December 26, 2000
SECURITY HEALTH PLAN (words)	2815196	February 17, 2004

ASSIGNEE wishes to acquire the foregoing marks, the foregoing U.S. registrations, and the goodwill of the business connected with and symbolized by the marks.

THEREFORE, for good and valuable consideration provided by ASSIGNEE to ASSIGNOR, the receipt and sufficiency of which is hereby mutually acknowledged:

ASSIGNOR hereby sells, assigns, and transfers to ASSIGNEE all of its rights, title and interest in and to the above-noted marks, all above-noted registrations of and applications to register the marks, and all goodwill associated with and symbolized by the marks. ASSIGNOR further assigns to ASSIGNEE all right to sue for and receive all damages accruing from past infringements of the marks herein assigned.

ASSIGNOR shall execute and deliver such additional documents as may be reasonably requested by ASSIGNEE to vest or protect ASSIGNEE's rights in the mark.

This agreement shall be binding upon and shall inure to the benefit of the heirs, legal representatives, successors, and assigns of ASSIGNOR and ASSIGNEE, as well as all others acting by, through, with or under their direction, and all those in privity therewith.

This agreement shall be construed under and pursuant to the laws of the State of Wisconsin, and the form and venue for any conflict shall be a court located in the State of Wisconsin or within any other state in which it is alleged by the plaintiff that the defendant has violated this agreement.

Executed by ASSIGNOR Marshfield Clinic:

1-26-06
Month / Day / Year

Reed E Hall
Signature

Reed E. Hall
Printed Name

Executive Director
Title

The person signing above (1) appeared before me; (2) provided identification verifying that he/she is the person whose name and signature is set forth above; (3) verified that he/she understands the type, intended purpose, and effect of this document; (4) verified that this document is signed voluntarily, as an act of his/her own free will; and (5) either signed the document above, or confirmed that he/she made the signature above.

State of:
Wisconsin

Christine A. Lipsey
NOTARY PUBLIC - NAME

SEAL

County of:
Wood

1/26/06
DATE OF NOTARIZATION
My commission expires:
10/12/08

Executed by ASSIGNEE Security Health Plan of Wisconsin, Inc:

2-2-06
Month / Day / Year

Steven R. Youso
Signature

Steven R. YOUSO
Printed Name

Chief Administrative Officer
Title

The person signing above (1) appeared before me; (2) provided identification verifying that he/she is the person whose name and signature is set forth above; (3) verified that he/she understands the type, intended purpose, and effect of this document; (4) verified that this document is signed voluntarily, as an act of his/her own free will; and (5) either signed the document above, or confirmed that he/she made the signature above.

State of:
Wisconsin

Cheryl Alaman
NOTARY PUBLIC - NAME

SEAL

County of:
Wood

2-2-06
DATE OF NOTARIZATION
My commission expires:
7-26-09