

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Specialty Programs, Ltd.		08/02/1996	LIMITED PARTNERSHIP: ILLINOIS
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	E-Insure Services, Inc.		
<b>Street Address:</b>	39 South LaSalle Street		
<b>City:</b>	Chicago		
<b>State/Country:</b>	ILLINOIS		
<b>Postal Code:</b>	60603		
<b>Entity Type:</b>	CORPORATION: ILLINOIS		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	2179208	E-INSURE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(312)627-2302		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	312-627-2592		
<b>Email:</b>	tmorella@dykema.com		
<b>Correspondent Name:</b>	Timothy M. Morella		
<b>Address Line 1:</b>	Ten South Wacker Drive		
<b>Address Line 4:</b>	Chicago, ILLINOIS 60606-7453		
<b>ATTORNEY DOCKET NUMBER:</b>	100093.0001		
<b>NAME OF SUBMITTER:</b>	Timothy M. Morella		
<b>Signature:</b>	/Timothy M. Morella/		
<b>Date:</b>	07/08/2008		

**CH \$40.00 2179208**

Total Attachments: 1  
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Form **BCA-4.15/4.20**  
(Rev. Jul. 1984)

APPLICATION TO ADOPT,  
CHANGE OR CANCEL,  
AN ASSUMED CORPORATE NAME

File # **D 5708-502-9**

George H. Ryan  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-9520

**FILED**

**SUBMIT IN DUPLICATE**

AUG 15 1996

GEORGE H. RYAN  
SECRETARY OF STATE

This space for use by  
Secretary of State

Date **8-15-96**

Filing Fee **150.00**

Approved: *[Signature]*

Permit payment in check or money  
order, payable to "Secretary of State".

- CORPORATE NAME: Specialty Programs, Ltd.
- State or Country of Incorporation: Illinois
- Date incorporated (if an Illinois corporation) or date authorized to transact business in Illinois (if a foreign corporation): December 3, 19 92  
*(Complete No. 4 and No. 5 if adopting or changing an assumed corporate name.)*
- The corporation intends to adopt and to transact business under the assumed corporate name of: E-Insure Services, Inc.
- The right to use the assumed corporate name shall be effective from the date this application is filed by the Secretary of State until December 1, 2000, the first day of the corporation's anniversary month in the next year which is evenly divisible by five.  
*(Complete No. 6 if changing or cancelling an assumed corporate name.)*
- The corporation intends to cease transacting business under the assumed corporate name of:
- The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true.

Dated August 2, 19 96  
attested by *[Signature]*  
*(Signature of Secretary or Assistant Secretary)*  
Carol A. Thompson, Secretary  
*(Type or Print Name and Title)*

Specialty Programs, Ltd.  
*(Exact Name of Corporation)*  
by *[Signature]*  
*(Signature of President or Vice President)*  
David N. Thompson, President  
*(Type or Print Name and Title)*

NOTE: The filing fee to adopt an assumed corporate name is \$20 plus \$2.50 for each month or part thereof between the date of filing this application and the date upon which the corporation may renew its use.  
The fee for cancelling an assumed corporate name is \$5.00.  
The fee to change an assumed name is \$25.

C-146.8