

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM449491

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Ascension Insurance, Inc.		11/01/2017	Corporation: DELAWARE
RECEIVING PARTY DATA			
Name:	Ascension Health Alliance		
Street Address:	101 S. Hanley Road, Suite 450		
City:	St. Louis		
State/Country:	MISSOURI		
Postal Code:	63105		
Entity Type:	Non-Profit Corporation: MISSOURI		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	5301695	ASCENSION BENEFITS & INSURANCE SOLUTIONS	
CORRESPONDENCE DATA			
Fax Number:	3146215065		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	314-621-5070		
Email:	iptm@armstrongteasdale.com		
Correspondent Name:	Donna F. Schmitt		
Address Line 1:	7700 Forsyth Boulevard, Suite 1800		
Address Line 4:	St. Louis, MISSOURI 63105		
ATTORNEY DOCKET NUMBER:	22555-749		
NAME OF SUBMITTER:	Donna F. Schmitt		
SIGNATURE:	/Donna Frazier Schmitt/		
DATE SIGNED:	11/02/2017		
Total Attachments: 3			
source=5301695 US Executed Assignment As Received from Ascension Insurance 02NOV2017-27567801#page1.tif			
source=5301695 US Executed Assignment As Received from Ascension Insurance 02NOV2017-27567801#page2.tif			
source=5301695 US Executed Assignment As Received from Ascension Insurance 02NOV2017-27567801#page3.tif			

CH \$40.00 5301695

TRADEMARK ASSIGNMENT

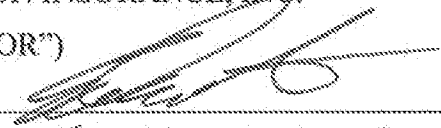
WHEREAS, ASCENSION INSURANCE, INC., a Delaware corporation having its principal place of business at 2345 Grand Blvd., Suite 610, Kansas City, MO 64108 (hereinafter "ASSIGNOR"), is the owner of the entire right, title, and interest in and to the trademark and related federal registration shown in Schedule A (hereinafter, the "TRADEMARK"); and

WHEREAS, Ascension Health Alliance, a Missouri non-profit corporation having its principal place of business at 101 S. Hanley Road, Suite 450, St. Louis, Missouri 63105 (hereinafter "ASSIGNEE"), following the purchase of assets owned by ASSIGNOR pursuant to a settlement agreement executed on December 2, 2016 is desirous of acquiring all right, title, and interest in and to the TRADEMARK;

NOW, THEREFORE, in consideration of one dollar (\$1.00), and other good and valuable consideration as reflected within the settlement agreement and mutual release executed on December 2, 2016, the receipt and sufficiency of which is hereby acknowledged by ASSIGNOR, ASSIGNOR agrees to, and hereby does, sell, assign, and transfer to ASSIGNEE all of ASSIGNOR's right, title, and interest in and to the TRADEMARK, together with the U.S. registration therefore, all of the goodwill associated with the TRADEMARK, and the right to sue and recover for infringements occurring both before and after this assignment.

ASCENSION INSURANCE, INC.

("ASSIGNOR")

Signature: 

Printed Name: EDWARD NATHAN PABC

Title: PRESIDENT

Date: 11/1/17

ACKNOWLEDGEMENT

STATE OF _____)
) SS
_____ OF _____)

PLEASE SEE ATTACHED CERTIFICATE FOR
CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT
IN COMPLIANCE WITH CA CIVIL CODE 1189

On this _____ day of _____, 2017, before me personally appeared _____ to me known to be the person who executed the foregoing TRADEMARK ASSIGNMENT, and acknowledged that s/he executed same as her free act and deed.

Notary Public

My Commission Expires:

SCHEDULE A

TRADEMARK Serial No. Reg. No. Disclaimer	Status Status Date	Description of Goods/Services	Owner
<u>ASCENSION</u> <u>BENEFITS &</u> <u>INSURANCE</u> <u>SOLUTIONS</u> SN:85-702989 RN:5,301,695 Disclaimer: "BENEFITS & INSURANCE SOLUTIONS"	Registered October 3, 2017	(Int'l Class: 35) Insurance claims auditing services; insurance lead collection and matching services, namely, matching consumer requests for insurance policy quotes collected over the internet to pre-qualified insurance brokers, agents and agencies interested in those requests; promotion of financial and insurance services, on behalf of third parties; providing insurance agent referrals (Int'l Class: 36) Advisory services in the field of employee benefits for group healthcare and business insurance offered to employees in addition to standard benefits such as medical, dental, life insurance including short-term disability, long-term disability and accidental death and dismemberment; agricultural insurance agency services; brokerage in the field of insurance; claims administration in the field of workers compensation; claims administration in the field of health insurance; financial evaluation for insurance purposes; insurance administration; insurance agencies; insurance agency and brokerage; insurance brokerage; insurance claims administration; insurance consultation; insurance services, namely, writing property and casualty insurance; providing information in insurance matters; processing, administering and managing employee benefit plans concerning insurance and finance	Ascension Insurance, Inc. (Delaware Corp.) 2345 Grand Blvd., Suite 610 Kansas City, Missouri 64108

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

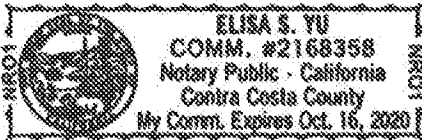
State of California)
County of Contra Costa)

On November 1, 2017 before me, Elisa S. Yu, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Edward Nathan Page
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Elisa S. Yu
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Trademark Assignment
Document Date: _____ Number of Pages: 2
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Edward Nathan Page
 Corporate Officer -- Title(s): President
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____
Ascension Insurance, Inc.

Signer's Name: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____