01-15-**199**9 LORM PTO-1594 U.S. DEPARTMENT OF COMMERCE hatent and Trademark office 100942518 To the Honorable Commissioner of Patents and Tra ts or copy thereof. Name of conveying party(ies): HealthPoint, LLC 2. Name and address of receiving party(ic): Name: The HealthCare Group, L. ☐ Individual(s) ☐ Association Internal Address: ☐ General Partnership Limited Partnership Street Address: 8802 Meridian Suite 100 ☐ Corporation-State Indiana D: 46260 City Indianapolis Other Indiana Limited Liability Company ☐ Yes ☒ No ☐ Individual(s) citizenship A lditional name(s) of conveying parties(ies) attached: ☐ Association ☐ General Partnership 3. Nature of Conveyance: ☐ I mited Partnership ∆ssignment ☐ Merger ☐ Corporation-State ☐ Change of Name ☐ Security Agreement Other Indiana Limited Liability Company Other ____ If assignee is not domiciled in the United States a Jomestic oppresentative designation is attached: Yes No Execution Date: December 11, 1998 (Designation must be a separate document from Assignmen [] Yes 🛛 No Additional name(s) & address(es) a tached? 4 Application number(s) or registration number(s): A. Trademark Application No.(s) B Trademark registration No.(... 75/090,258 ☐ Yes ☒ No Additional numbers attached? Name and address of party to whom correspondence 6. Total number of applications and registrations involved: concerning document should be mailed: Nanie: Brian T. Ster 7. Total fee (37 CFR 3.41): \$ 40.00 **⊠** Enclosed ICE MILLER DONADIO & RYAN Internal Address ☐ Authorized to be charged to deposit account Street Address: One American Square, Box 82001 8. Deposit account number: 09-000° City Indianapolis State: Indiana ZIP 46283 (Attach duplicate copy of this page if paying by deposit account) DO NOT USE THIS SPACE S atement and signature. In the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true cost of the original document. Jan. 8, 1999 Brian T. Ster Name of Person Signing Total number of pages including cover sheet OMB No. 0651-0011 (exp 4/94)

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TRADEMARK

REEL: 1840 FRAME: 0503

ASSIGNMENT

WHEREAS, HealthPoint, LLC, an Indiana limited liability company having ats principle office at 8900 Keystone Crossing, Suite 500, Indianapolis, Indiana (the "Assignor") is the owner of the following service mark and Intent to Use Application for Service Mark Registration filed in the United States Trademark Office:

<u>Mark</u>	<u>Services</u>	Serial Number	Filing Date
HEALTHPOINT	Health care in the nature of health maintenance organizations.	75/090,258	April 18, 1996

WHEREAS, The HealthCare Group, LLC, an Indiana limited liability company having its principal place of business at 8802 Meridian Street, Suite 100, Indianapolis, Indiana (the "Assignee"), has acquired certain of the assets of Assignor, including all of Assignor's rights in the mark set forth herein, pursuant to the terms of an Agreement and Plan of Reorganization by and between Assignor, Clarian Health Partners, Inc., Signature Care, Inc., Indiana ProHealth Network, Inc., M-Plan, Inc., Methodist Medical Group, Inc., and VHA Tri-State Health Plans. Inc. dated December 11, 1998.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor hereby assigns to Assignee all rights, title and interest in and to said mark and all applications and registrations thereof, together with the goodwill of the business associated with or symbolized by said mark and the above-identified application, and any and all common law rights, world-wide rights and the right to sue and collect damages for any past infringements. Assignor shall also fully cooperate with Assignee in recording the assignment of such mark to Assignee, including promptly executing any and all documents necessary to record and fully effectuate this assignment.

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TRADEMARK REEL: 1840 FRAME: 0504 Effective as of the 11th day of December, 1998.

HEALTHPOINT, LLC

By: Karle E. Horder

Daniel E. Hoodin, Acting Chief Executive Officer

STATE OF Indiana)
COUNTY OF (Marite of)

Sworn to and subscribed before me, a Notary Public of the State of $\frac{1}{1}$ Notary Public of $\frac{1}{1}$ Notary

Butthen My hill reg Notary Public

My Commission Expires:

TO HELSOND

RECORDED: 01/11/1999

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