Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: America's Health Insurance Plans, Inc. (AHIP)

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):

Address of Service Provider: 601 Pennsylvania Avenue, NW, South Building, Suite 500, Washington, DC 20004

Name of Agent Designated to Receive Notification of Claimed Infringement: AHIP's General Counsel

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): 601 Pennsylvania Avenue, NW, South Building, Suite 500, Washington, DC 20004

Telephone Number of Designated Agent: (202) 778-3200

Facsimile Number of Designated Agent: (202) 778-8466

Email Address of Designated Agent: ahip@ahip.org

[redacted]tive of the Designating Service Provider:

Date: Nov. 16, 2010

Typed or Printed Name and Title: Mary Beth Donahue
EVP

Note: This Interim Designation Must be Accompanied by a Filing Fee* Made Payable to the Register of Copyrights.
***Note: Current and adjusted fees are available on the Copyright website at www.copyright.gov/docs/fees.html**

Scanned
MAY 02 2014

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024

162266194

Received
APR 29 2014
Copyright Office