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):

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

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

Email Address of Designated Agent: ahip@ahip.org

Signed Representative of the Designating Service Provider: Date: Nov. 16, 2010

Typed or Printed Name and Title: Mary Beth Donovan

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

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

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