

**Amended Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Erie Family Life Insurance Company

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

Address of Service Provider: 100 Erie Insurance Place, Erie, PA 16530

Name of Agent Designated to Receive Notification of Claimed Infringement: Theresa Gamble, Director, Compliance Department

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):
100 Erie Insurance Place, Erie, PA 16530

Telephone Number of Designated Agent: 814-870-2800

Facsimile Number of Designated Agent: 814-870-2219

Email Address of Designated Agent: theresa.gamble@erieinsurance.com

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Erie Family Life Insurance Company, February 14, 2000 (December 16, 1999)

 of the Designating Service Provider:
Date: July 5, 2016

Typed or Printed Name and Title: Theresa Gamble, Director, Compliance Department

Note: This Amended 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:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

SCANNED

AUG 18 2016

Received

JUL 25 2016

Copyright Office

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