

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

Full Legal Name of Service Provider: Flagship City 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

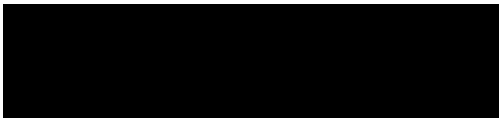
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
100 Erie Insurance Place, Erie, PA 16530

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: Flagship City Insurance Company, February 14, 2000 (December 16, 1999)

 **Representative of the Designating Service Provider:**
Date: July 5, 2010

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

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JUL 28 2010
Copyright Office

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