

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



Full Legal Name of Service Provider: Harvard Pilgrim Health Care, Inc.



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

Address of Service Provider: 93 Worcester Street, Wellesley, MA 02481

Name of Agent Designated to Receive Notification of Claimed Infringement: Christopher Miller, Director, Communications

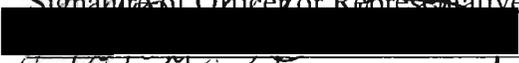
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
(see above)

Telephone Number of Designated Agent: 617-509-2480

Facsimile Number of Designated Agent: 617-509-2219

Email Address of Designated Agent: copyright@hphc.org

Signature of Officer or Representative of the Designating Service Provider:



Date: 10/22/09

Typed or Printed Name and Title: Laura S. Peabody
Senior Vice President, General Counsel

SCANNED 11 05-2009

**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**

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