

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

**Full Legal Name of Service Provider:** Insurance Information Institute, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** None

**Address of Service Provider:** 110 William Street, 24th Floor, New York, NY 10038

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Andréa C. Basora

**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):  
Insurance Information Institute, Inc., 110 William Street, 24th Floor, New York, NY 10038

**Telephone Number of Designated Agent:** 212-346-5558

**Facsimile Number of Designated Agent:** 212-346-5559

**Email Address of Designated Agent:** andreab@iii.org

**[Redacted] of the Designating Service Provider:**  
**Date:** 4/4/2014

**Typed or Printed Name and Title:** Andréa C. Basora, Executive Vice President

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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[www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)**

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