

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

Full Legal Name of Service Provider: The Medical Protective Company

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

Address of Service Provider: 5814 Reed Road, Fort Wayne, IN 46835

Name of Agent Designated to Receive Notification of Claimed Infringement: Bruce Aulick, 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): 5814 Reed Road, Fort Wayne, IN 46835

Telephone Number of Designated Agent: 219-485-9622

Facsimile Number of Designated Agent: 219-486-0733

E-mail Address of Designated Agent: baulick@medprotect.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 7-5-00

Typed or Printed Name and Title: Gerald Eligier
Associate General Counsel

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

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