

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

Full Legal Name of Service Provider: Mutual Benefit Insurance Company

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

Address of Service Provider: 409 Penn Street, Huntingdon, PA 16652

Name of Agent Designated to Receive Notification of Claimed Infringement: Amy L. Christopher

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):
Mutual Benefit Insurance Company, 409 Penn Street, Huntingdon, PA 16652

Telephone Number of Designated Agent: 814-643-3000

Facsimile Number of Designated Agent: 814-643-7210

Email Address of Designated Agent: amyc@mutualbenefitgroup.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 9/27/2011

Typed or Printed Name and Title: Amy L. Christopher, Communications Manager

**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**

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



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hlawrence@mwn.com

September 28, 2011

Copyright I&R / Recordation
P.O. Box 71537
Washington, DC 20024

RE: Mutual Benefit Insurance Company

Dear Sir or Madam:

Enclosed for filing is an Interim Designation of Agent Form for the above-referenced service provider, together with the appropriate filing fee.

Thank you for your attention to this filing request.

Very truly yours,


Holly J. Lawrence
Paralegal

/hjl

Enclosures

c: Rebecca A. Finkenbinder

12/28/2011

www.mwn.com

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