

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

Full Legal Name of Service Provider: Progressive Direct Insurance Company

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

Address of Service Provider: 6300 Wilson Mills Road, Mayfield Village, OH 44143

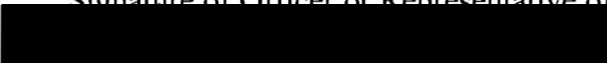
Name of Agent Designated to Receive Notification of Claimed Infringement: Jason Hoehnan

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):
300 North Commons Blvd., Mayfield Village, OH 44143

Telephone Number of Designated Agent: 440-461-5000

Facsimile Number of Designated Agent: 440-395-1812

Email Address of Designated Agent: jhoehne1@progressive.com

Signature of Officer or Representative of the Designating Service Provider:
 **Date:** 1-18-16

Typed or Printed Name and Title: Karen Kosuda, Assistant Secretary

**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:
**U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537**

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