

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

Full Legal Name of Service Provider: Progressive Casualty Insurance Company

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

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

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

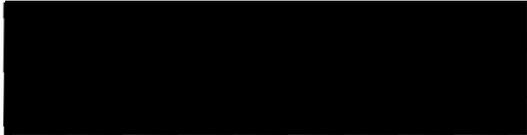
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
300 North Commons Blvd., Mayfield Village, OH 44143

Telephone Number of Designated Agent: 440-461-5000

Facsimile Number of Designated Agent: 440-395-1812

Email Address of Designated Agent: jhoehne1@progressive.com

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Progressive Casualty Insurance Company, 01/27/2010



Signature of the Designating Service Provider: _____
Date: 8-6-15

Typed or Printed Name and Title: Peter J. Albert, VP

Scanned
AUG 24 2015

Note: This Amended 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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