

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

Full Legal Name of Service Provider: Employers Reinsurance Corporation

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

Address of Service Provider: 5200 Metcalf, Overland Park, Kansas 66202

Name of Agent Designated to Receive Notification of Claimed Infringement: Vicki Y. Wind

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):
Employers Reinsurance Corporation, Legal Department, 5200 Metcalf, Overland Park, Kansas 66202

Telephone Number of Designated Agent: 913-676-5486

Facsimile Number of Designated Agent: 913-676-5483

Email Address of Designated Agent: vicki.wind@ercgroup.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 6/16/00

Typed or Printed Name and Title: John M. Connelly, Senior Vice President, General Counsel and Secretary

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

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