

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

Full Legal Name of Service Provider: Digital Insurance, Inc.

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

Address of Service Provider: 5871 Glenridge Drive, Suite 450, Atlanta, GA
30328

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** David Spivack

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):

David Spivack, Senior Vice President, Digital Insurance, Inc., 5871 Glenridge Drive, Suite 450, Atlanta,
GA 30328

Telephone Number of Designated Agent: 404-531-9933

Facsimile Number of Designated Agent: 404-843-1371

Email Address of Designated Agent: dspivack@digitalinsurance.com

Signature of ~~Officer~~ or Representative of the Designating Service Provider:

Date: 11/29/00

Typed or Printed Name and Title: David Spivack
Senior Vice President _____

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