

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

Full Legal Name of Service Provider: NEW YORK-NEW JERSEY -
CONNECTICUT-PENNSYLVANIA REGIONAL CATASTROPHIC PLANNING TEAM

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

Address of Service Provider: 61 BROADWAY, SUITE 2220, New York, NY 10006

Name of Agent Designated to Receive Notification of Claimed Infringement: STEVEN GUTKIN, EXECUTIVE DIRECTOR - REGIONAL INTEGRATION CENTER

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):
STEVEN GUTKIN, 61 BROADWAY, SUITE 2220, New York, NY 10006

Telephone Number of Designated Agent: 646-215-6550

Facsimile Number of Designated Agent: 212-981-3314

Email Address of Designated Agent: sgutkin@regionalcatastrophic.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 8/18/2011

Typed or Printed Name and Title: JANE LEVINE PUBLIC HEALTH SOLUTIONS,
VP FOR LEGAL AFFAIRS/GENERAL COUNSEL

**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:
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Washington, DC 20024



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