

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

**Full Legal Name of Service Provider:** CIGNA Intellectual Property, Inc.

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

**Address of Service Provider:** 1601 Chestnut Street, Philadelphia, PA 19192

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Timothy J. Gifford

**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):  
CIGNA, TL48C, 1601 Chestnut Street, Philadelphia, PA 19192

**Telephone Number of Designated Agent:** (215) 761-6254

**Facsimile Number of Designated Agent:** (215) 761-5715

**Email Address of Designated Agent:** timothy.gifford@cigna.com

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 3/28/01

**Typed or Printed Name and Title:** Vice President, CIGNA Intellectual Property, Inc.

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

**RECEIVED**

APR 05 2001  
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