

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

**Full Legal Name of Service Provider:** Credit General 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:** 3201 Enterprise Pkwy, Suite 300 Beachwood, Ohio 44122

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Rita A. Thomas

**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):

3201 Enterprise Parkway, Suite 300, Beachwood, Ohio 44122

**Telephone Number of Designated Agent:** (216) 831-7500

**Facsimile Number of Designated Agent:** (216) 292-5685

**Email Address of Designated Agent:** Rita.Thomas@PRSINSGROUP.com

**Signature of Representative of the Designating Service Provider:**

Date: 8/13/99

**Typed or Printed Name and Title:** Rita A. Thomas, Associate Legal Counsel

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

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**RECEIVED**

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