

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

Full Legal Name of Service Provider: Extend Health, Inc.

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

Address of Service Provider: 2929 Campus Drive, Suite 400, San Mateo, CA 94403

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** General Counsel

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):

2929 CAMPUS DRIVE, SUITE 400, SAN MATEO, CA 94403

Extend Health, Inc., Attention: Legal Department

Telephone Number of Designated Agent: (650) 288-4800

Facsimile Number of Designated Agent: (650) 292-8710

Email Address of Designated Agent: copyright@extendhealth.com

 the Designating Service Provider:

Date: November 18, 2011

Typed or Printed Name and Title: Thomas J. Smith, 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**

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JAN 31 2012

Received

JAN 09 2012

Copyright Office

