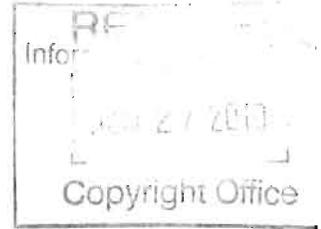


**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**



**Full Legal Name of Service Provider:** Progressive Casualty 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:** 6300 Wilson Mills Road, Mayfield Village, Ohio 44143

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Matthew Lehman

**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):  
300 North Commons Blvd., Mayfield Village, Ohio 44143

**Telephone Number of Designated Agent:** 440-461-5000

**Facsimile Number of Designated Agent:** 440-395-1812

**Email Address of Designated Agent:** mlehman1@progressive.com

**Signature of Officer or Representative of the Designating Service Provider:**  
[Redacted Signature] Date: 1-21-10

**Typed or Printed Name and Title:** Peter J. Albert, Vice President

**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](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
Copyright GC/I&R  
P.O. Box 70400  
Washington, DC 20024

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