

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

**Full Legal Name of Service Provider:** AMA INSURANCE AGENCY, INC.

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

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**Address of Service Provider:** 330 North Wabash Ave, Suite 39300, Chicago, IL 60611

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**Name of Agent Designated to Receive Notification of Claimed Infringement:** Susan J. Schuman

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**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):  
Susan J. Schuman, AMA Ins. Agency, Inc., 330 N. Wabash, Suite 39300, Chicago IL 60611

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**Telephone Number of Designated Agent:** 312-464-5458

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**Facsimile Number of Designated Agent:** 312-464-5069

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**Email Address of Designated Agent:** susan.schuman@amainsure.com

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 **Signature of the Designating Service Provider:** \_\_\_\_\_  
Date: March 25, 2016

**Typed or Printed Name and Title:** \_\_\_\_\_  
Susan J. Schuman, Vice President, Secretary, and General Counsel

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**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:  
U.S. Copyright Office, Designated Agents  
P.O. Box 71537  
Washington, DC 20024-1537

**SCANNED**

**MAY 11 2016**

**Received**

**APR 07 2016**

**Copyright Office**

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