

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

Full Legal Name of Service Provider: Blue Cross and Blue Shield Association

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

Address of Service Provider: 225 North Michigan Avenue, Chicago, IL 60601

Name of Agent Designated to Receive Notification of Claimed Infringement: Debra Hughes

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):
Blue Cross and Blue Shield Association, 225 North Michigan Avenue, Chicago, IL 60601

Telephone Number of Designated Agent: 3122975979

Facsimile Number of Designated Agent: 3122975956

Email Address of Designated Agent: dmca@bcbsa.com

Name of Designating Service Provider: _____
Date: 11/3/2015
Title: Associate General Counsel, Brand

**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**

Mail the form to:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

Scanned
JAN 21 2016

Received
DEC 17 2015
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