

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

**Full Legal Name of Service Provider:** The Cincinnati Insurance Company

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** The Cincinnati Insurance Companies

**Address of Service Provider:** 6200 South Gilmore Road, Fairfield, Ohio 45014

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Helen Kyrios

**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):  
6200 South Gilmore Road, Fairfield, Ohio 45014

**Telephone Number of Designated Agent:** (513) 870-2000

**Facsimile Number of Designated Agent:** (513) 603-5700

**Email Address of Designated Agent:** helen\_kyrios@cinfin.com

Signature of Designating Service Provider: \_\_\_\_\_  
Date: 3.28.13

**Typed or Printed Name and Title:** Helen Kyrios, Vice President and Corporate Counsel

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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