

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

Full Legal Name of Service Provider: Haven Life Insurance Agency, Inc.

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

Address of Service Provider: 205 E. 42nd Street, 20th Floor, New York, NY 10017

Name of Agent Designated to Receive Notification of Claimed Infringement: Yaron Ben-zvi

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):
205 E. 42nd Street, 20th Floor, New York, NY 10017

Telephone Number of Designated Agent: 855-744-2836

Facsimile Number of Designated Agent: n/a

Email Address of Designated Agent: help@havenlife.com

Signature of Representative of the Designating Service Provider: _____
Date: 4-9-15

Typed or Printed Name and Title: Antonio Scibelli, Assistant Secretary

**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

MAY 11 2015

**Received
APR 21 2015
Copyright Office**