

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

Full Legal Name of Service Provider: Integrity Mutual Insurance Company

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

Address of Service Provider: 2121 East Capitol Drive, Appleton, Wisconsin 54912

Name of Agent Designated to Receive Notification of Claimed Infringement: Beth W. Murphy

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):
2121 East Capitol Drive, Appelton, Wisconsin 54912

Telephone Number of Designated Agent: 614-449-3740

Facsimile Number of Designated Agent: 614-542-8126

Email Address of Designated Agent: murphyb@grangeinsurance.com

Representative of the Designating Service Provider: _____
Date: 8-25-16

Typed or Printed Name and Title: Beth W. Murphy, 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**

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