

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

Full Legal Name of Service Provider: Primerica Life Insurance Company

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

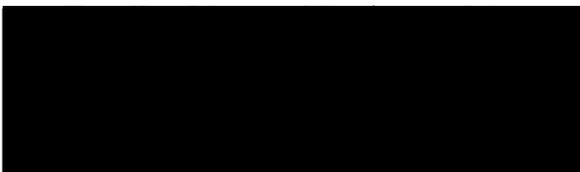
Address of Service Provider: 1 Primerica Parkway, Duluth, GA 30099

Name of Agent Designated to Receive Notification of Claimed Infringement: Stanton J. Shapiro

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):
Primerica Life Insurance Company, 1 Primerica Parkway, Duluth, GA 30099-0001
Attention: Stanton J. Shapiro, Associate General Counsel

Telephone Number of Designated Agent: 470-564-6131

Facsimile Number of Designated Agent: 470-564-6600

 stan.shapiro@primerica.com
_____ of the Designating Service Provider:
Date: February 7, 2014

Typed or Printed Name and Title: Stanton J. Shapiro, Associate General Counsel

**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:
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