Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name				
Organization Rich Feuer Group				
2. Address Check if different than previously reported				
Address1 1133 Connecticut Ave., NW	Fifth Floor			
City Washington State	DC Zip Code 20036 Country U			
3. Principal place of business (if different than line 2)				
City State City State	Zip Code Country			
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail 5. Senate ID#			
<b>М</b> г. Mitchell Feuer (202) 429-6881 m	itchell.feuer@rfgdc.com 84775-			
7. Client Name Self  Genworth Financial, Inc.	6. House ID # 36473(			
10. Check if this is a Termination Report   → Termination D  INCOME OR EXPENSES - Complete Either Line				
12. Lobbying Firms	13. Organizations			
INCOME relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this report were:			
Less than \$10,000	Less than \$10,000			
\$10,000 or more 🗷 😄 \$ 60,000	\$10,000 or more			
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate ex accounting method. See instructions for description of o			
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definition Method B. Reporting amounts under section 6033(b. Internal Revenue Code			
	Method C. Reporting amounts under section 162(e) Revenue Code			

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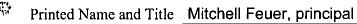
Filing #07d74453-b7cc-4d54-833c-9b91aa4c445f - Page 1 of 12

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Printed Name and Title Mitchell Feuer, principal

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Registrant Name Rich Feuer Group	Client Name Genworth Financial, Inc.
LOBBYING ACTIVITY. Select as many codes as ne engaged in lobbying on behalf of the client during the re information as requested. Attach additional page(s) as a	porting period. Using a separate page for each co
15. General issue area codeTAX - Taxation/Internal Rev	venue Code (one per page)
16. Specific lobbying issues	Add page to continue specific issues description for this issue
Tax deductibility of mortgage insurance premiums.	
17. House(s) of Congress and Federal agencies contacte	ed None House Senate Other
18. Name of each individual who acted as a lobbyist in  Name First Name Last Name Suffix  Peter Rich	this issue area Add a page to continue additing lobbyists fo Covered Official Position (if applicable)
Mitchell Feuer	
19. Interest of each foreign entity in the specific issues 1	listed on line 16 above 🔀 Check if None

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Add a page for a diff

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Registrant Name Rich Fe	euer Group		Client	Name Genworth	Financial, Inc.	
Information Upd	ate Page -	- Complete ONI	Y where reg	istration info	mation has	changed.
20. Client new address						
Address						
City			State	State Zip Code		Country
		iness (if different th			***************************************	
	<b>F</b>			7' 0 1		Country
		State Zip Coc				Country
22. New general descr	iption of client	i's business or activi	ties			
LOBBYIST UPDA	A TIPE					
23. Name of each pro	eviously repo					or the client
First Name	Last Nam	e Suffix	_	First Name	Last Name	
			3			
2			4			
ISSUE UPDATE				Find the code to	select below	
24. General lobbying	g issues that <b>n</b>	o longer pertain		i ina the code te	GCICCE DCIOW.	
AFFILIATED OR	<b>GANIZAT</b>	IONS				
25. Add the following	g affiliated or	ganization(s)				
Name	;	Address			Principal place of Busir	
			********************		(city and	state or cour
		Address			City	
		C/S/Z			State	Country
	Address			City		
		C/S/Z			State	
26. Name of each pro	eviously repo	rted organization t	hat is <b>no long</b> e	er affiliated with	the registrant	or client
1		2		3		
FOREIGN ENTIT		<u>،</u> •				
27. Add the following	g foreign enti		D. C. C.	1 1 61		ntribution C
Name	Street Addres		(city an	d state or country)	Amount of co	ila ibadoli
+0+1+1+1+1+1+11+1+1+1+1+1+1+1+1+1+1+1+1	City	State/Province C	ountry	**************************************		c
			City			
			State	Country		
20 None of solution	ionalu ranarta	d foreign autituitles			a offiliate deviate	the mediates.
28. Name of each prev affiliated organization		u toreign entity that	no ionger owns	, <u>or</u> controls, <u>or</u> 1	s aithnated with	me registran
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