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SECRETARY OF THE SENATE
02 AUG -8 AM 11:45

LOBBYING REPORT

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

1. Registrant Name <u>NATIONAL COUNCIL ON COMPENSATION INSURANCE</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1201 PENNSYLVANIA AVE N.W., SUITE 300, WASHINGTON, DC</u>			
3. Principal Place of Business (if different from line 2) City: <u>BOCA RATON</u>		901 PENINSULA CORP. CIR. State/Zip (or Country) <u>FL 33487</u>	
4. Contact Name <u>MARY JANE CEMERY</u>	Telephone <u>202-661-4724</u>	E-mail (optional) —	5. Senate ID # <u>67455-</u>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <u>35669</u>

TYPE OF REPORT - 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lobbying Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/> _____</p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/> _____</p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opti</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature _____

Printed Name and Title _____

Registrant Name N.C.C.I., INC. Client Name N/A

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code INS (one per page)

16. Specific lobbying issues

"H.R. 370 - TERRORISM RISK PROTECTION ACT
"S. 1751 - TERRORISM RISK INS. ACT OF 2001
PROP. BY SEN. MCCAIN - "TERRORISM INS. ACT
(STAFF DRAFT ONLY) - DEC. S. 1744
"S. 1743 - NAT'L TERRORISM REINS. FUND ACT
"S. 260 - TERRORISM RISK INS. ACT OF 2002"

17. House(s) of Congress and Federal agencies contacted Check if None

SENATE - U.S.
WHITE HOUSE - STAFF
G. A. O. - STAFF

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
MARY JANE CLEARY	N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name N.C.C.I., INC. Client Name N/A

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

HHS REGS + PROPOSED CHANGES - STANDARD FOR
OF INDIV. IDENTIFIABLE HEALTH INFORMATION
(1976 HIPAA law)

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. SENATE
WHITE HOUSE - STAFF

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<u>MARY JANE CLEARY</u>	<u>N/A</u>
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.....
.....
.....

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name N.C.C.I. Inc. Client Name N/A

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code WR (one per page)

16. Specific lobbying issues

GAO REPT. ON FAILURE OF U.S. OSL - OSHA TO
MEASURE EFFECTIVENESS OF FED. - STATE WORKPLA
"INTERVENTIONS" FOR SAFETY.
~~U.S. OSL - OSHA - OSHA CAPABILITY FOR "STAT
ISSUES.~~

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. OSL - OSHA

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<u>MARY JANE CLEARY</u>	<u>N/A</u>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Mary Jane Cleary Date 8/2/02
Printed Name and Title MARY JANE CLEARY - WASHINGTON COUNSEL

