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LOBBYING REPORT

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

1.	Registrant Name Brown Rudnick LLP	<u>.</u>		
2.	Registrant Address	ifferent than previously reported venue, NW State/Zip (or Country)	Suite 325 DC 20005	
3.	Principal Place of Business (if different from line 2)			
	City	State/Zip (or Country)		
4.	Contact Name Michael Lewan	Telephone E-m (202) 347-2222	ail (optional)	5. Senate ID # 287895-90
7.	Client Name Self	-		6. House ID #
	Mutual of Omaha			37058004
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III	Check if this filing amends a process of this is a Termination In the NCOME OR EXPENSION. 12. Lobbying ACOME relating to lobbying accommunity and the second secon	reviously filed version of the Report >> Terminating SES - Complete Eithers	on Date er Line 12 OR Line 13 13. Or EXPENSES relating to lobbyin	11. No Lobbyin
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Printed Name and Title Michael Bewan - Principal Page

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Client Name:		Mutual of Omaha			
nga	ged in lobbyin	TIVITY. Select as many codes as n g on behalf of the client during the lested. Attach additional page(s) as	ecessary to reflect the general issue areas in which the registrant reporting period. Using a separate page for each code, provide s needed.		
15. General issue area code FIN (one per page)					
6.	•	oying issues terrorist reinsurance			
7.		Congress and Federal agencies cont presentatives	acted Check if None		
8.	Name of eacl	n individual who acted as a lobbyis	t in this issue area		
8.	Name of each	n individual who acted as a lobbyis	t in this issue area Covered Official Position (if applicable)		
8.			f		
8.	Name	hael	f		
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Signature 2004 15/2005 Filling #0cd1b70a-d4b8-48bd-81fb-a3cd52b31e94 - Page 3 of 6

Signature •			
Printed Name and Title	Michael Lewan - Principal		Page

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	м Name:	Brown Rudnick LLP		
Clie	nt Name:	Mutual of Omaha		
enga	iged in lobbyir		ary to reflect the general issue areas in which the registrant ting period. Using a separate page for each code, provide ed.	
5.	General issue	area code HCR (one per pag	e)	
16.		oying issues vislation pertaining to Health Care Ref venetic testing, long term care, mediga	form, including but not limited to: prescription drugs, pat p.	
7.		Congress and Federal agencies contacted presentatives	☐ Check if None	
18.	Name of each individual who acted as a lobbyist in this issue area			
	Name		Covered Official Position (if applicable)	
	Lewan, Mic	hael		
	Saunders, A	nne		

Signature Mulliman Market Signature Page 5 of 6 Page 5 of 6

Signature =			
Printed Name and Title	Michael Lewan - Principal	 	_ Page