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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 3/1/2007

2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name Universal American Financial Corporation

Address 209 Pennsylvania Avenue SE

City Washington State DC Zip 20003

4. Principal place of business (if different from line 3)  
City Weston State/Zip (or Country) FL, 3333

5. Telephone number and contact name  
202 454-5240 Contact Susan Stoner E-mail (optional) sstoner

6. General description of registrant's business or activities  
Private Health Insurance / Medicare Supplement

**CLIENT** A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the appropriate box.  
labeled "Self" and proceed to line 10.  Self

7. Client name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. Principal place of business (if different from line 7)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities \_\_\_\_\_

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Gary Jacobs</u>	<u>SVP, Corporate Develop</u>
<u>Susan Stoner</u>	<u>Legislative Director</u>

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Form LD-1.(Rev. 06/98)

Registrant Name \_\_\_\_\_ Client Name Universal American Financial

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD.

HCR INS MMM PHA \_\_\_\_\_

12. Specific lobbying issues (current and anticipated)

Medicare, Medicare Advantage, Insurance  
H.R. 3162 - CHAMP Act, all provisions of

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

- No ⇨ Go to line 14.  Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu (city and state or co

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in of the lobbying activity?

- No ⇨ Sign and date the registration.  Yes ↓ Complete the rest of this section for each matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature Susan A. Homes Date 9/10/07

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Printed Name and Title Susan S. Stoner, Legislative Director

Form LD-1 (Rev. 06/98)