

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
---	--

SECRETARY OF THE SENATE
03 FEB 20 PM 12:44

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, INC.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1201 PENNSYLVANIA AVE., N.W., SUITE 300, WASH., DC 20</u>			
3. Principal Place of Business (if different from line 2) <u>901 PENINSULA CORP. CTR.</u>			
City: <u>ROCKY MOUNTAIN</u>		State/Zip (or Country) <u>FL 33487</u>	
4. Contact Name <u>MARY JANE CLEARY</u>	Telephone <u>202-661-4724</u>	E-mail (optional) —	5. Senate ID # <u>62455-</u>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <u>3566900</u>

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 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 expense accounting method. See instructions for description of options.</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)(1) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Printed Name and Title _____

LD-2 (REV. 6/98)

PAGE

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 t
engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each c
information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues
"H R. 3210 - TERRORISM RISK INSURANCE Act

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

U. S. SENATE - STAFF
U. S. 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>

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

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev 6/98)

f

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 ENG (one per page)

16. Specific lobbying issues
"ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT OF 2008"

17. House(s) of Congress and Federal agencies contacted Check if None
U.S. DEPT. OF ENERGY

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 _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev. 6/98)

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 LRR (one per page)

16. Specific lobbying issues
G77D REPT. ON FAILURE OF U.S. DOL - U.S. MEASURE EFFECTIVENESS OF FED. - U. WORKPLACE "INTERVENTION" FOR SAFE

17. House(s) of Congress and Federal agencies contacted Check if None
U.S. DOL - OSHA

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

Name	Covered Official Position (if applicable)
<u>Mrs. Jane Cheney</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 Cheney Date 2/10/11

Printed Name and Title

~~Mary Jane Cleary~~ WASHINGTON
MARY JANE CLEARY

Form LD-2 (Rev 6/98)