

Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

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

SECRETARY OF THE SENATE

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H. D.

LOBBYING REPORT

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

1. Registrant Name Akin, Gump, Strauss, Hauer & Feld, L.L.P.			
2. Address <input type="checkbox"/> Check if different than previously reported 1333 New Hampshire Avenue, NW			
3. Principal Place of Business (if different from line 2) City: Washington State/Zip (or Country) DC 20036			
4. Contact Name Donald C. Alexander		Telephone 202-887-4000	E-mail (optional)
5. Senate ID #		6. House ID # 31784000	
7. Client Name <input type="checkbox"/> Self Alliance of American Insurers			

TYPE OF REPORT 8. Year 1999 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> → \$20,000 Income (nearest \$20,000)	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> → \$ Income (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature

Printed Name and Title Donald C. Alexander, Partner

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

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

16. Specific lobbying issues

- H.R. 10 Financial Services Act of 1999
- S. 900 Financial Services Modernization of 1999

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

- U.S. Senate
- U.S. House of Representatives
- Department of the Treasury

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

Name	Covered Official Position (if applicable)	New
Donald C. Alexander		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

n/a

Signature *Donald C. Alexander* Date February 14, 2000

Printed Name and Title Donald C. Alexander, Partner

Registrant Name Akin, Gump, Strauss, Hauer & Feld, L.L.P. Client Name Alliance of American Insurers

Information Update Page — Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City: _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

Sean G. D'Arcy

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organizations(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contributions if more than \$10,000	Ownership percentage in client

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization.

Signature Donald C. Alexander Date February 14, 2000

Printed Name and Title Donald C. Alexander, Partner

Form LD-2 (Rev. 6/98)

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