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05 SEP 12 PM 2:19

# LOBBYING REPORT

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

1. Registrant name	
Organization	Fierce, Isakowitz & Blalock
2. Address <input type="checkbox"/> Check if different than previously reported	
Address 1	600 New Hampshire Ave., NW Suite 1000
City	Washington State DC Zip Code 20037 Country USA
3. Principal place of business (if different than line 2)	
City	State Zip Code Country
4a. Contact Name	b. Telephone number
Prefix Full Name	c. E-mail
Mr. Mark Isakowitz	(202) 333-8667 misakowitz@fierce-isakowitz.com
5. Senate ID #	44812-797
7. Client Name <input type="checkbox"/> Self	6. House ID #
Mutual of Omaha	31507046

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-December 3)

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

<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 checked="" type="checkbox"/> ⇨ \$ <u>20,000</u></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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options:</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form COM

Printed Name and Title Mark Isakowitz, President

*Mark Isakowitz*

3000472926



Registrant Name Fierce, Isakowitz & Blalock Client Name Mutual of Omaha

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

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

16. Specific lobbying issues *Add page to continue specific issues description for this issue*  

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

U.S. House of Representatives
U.S. Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue identifying lobbyists for this*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Mark	Isakowitz		
Kirk	Blalock		Spec Asst to the Pres of Dep for Public Liaison
Don	Fierce		
Katie	Huffard		
Kirsten	Chadwick		Spec Asst to the Pres for Leg Affairs
Diane	Moery		
Samantha	Poole		
Kate	Hull		LA Hutchinson
Mike	Chappell		Dep COS Pickering

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

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Printed Name and Title Mark Isakowitz, President



Registrant Name Fierce, Isakowitz & Blalock

Client Name Mutual of Omaha

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

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

*Add page to continue specific issues description for this issue*

Medigap

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

U.S. House of Representatives  
U.S. Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue identifying lobbyists for th*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Mark	Isakowitz		
Kirk	Blalock		
Don	Fierce		
Katie	Huffard		
Kirsten	Chadwick		
Diane	Moery		
Samantha	Poole		
Kate	Hull		
Mike	Chappell		

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

0000472928

Printed Name and Title **Mark Isakowitz, President**

*Add a page for a different*



Registrant Name Fierce, Isakowitz & Blalock

Client Name Mutual of Omaha

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

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

First Name	Last Name	Suffix	First Name	Last Name	Suffi
<input type="checkbox"/> 1 Diane	Moery		<input type="checkbox"/> 3		
<input type="checkbox"/> 2			<input type="checkbox"/> 4		

**ISSUE UPDATE**

24. General lobbying issues that **no longer** pertain

Find the code to select below.

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z Address C/S/Z	City State Country City State

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

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Owners percent 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

<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5
<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6



Printed Name and Title Mark Isakowitz, President

Applicant's signature for this update

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