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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, I</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1201 PENNSYLVANIA AVE NW SUITE 300 WASH DC 2000</u>			
3. Principal Place of Business (if different from line 2) <u>901 PENINSULA CORP. C.R.</u> City: <u>BOCA RATON</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) <u>-</u>	5. Senate ID # <u>67455-12</u>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <u>35665000</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 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 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 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>

Signature _____

Printed Name and Title _____

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 IRWS (one per page)

16. Specific lobbying issues

"H.R. 3210 - TERRESTRIAL RISK PROTECTION Act
S. 1751 - TERRESTRIAL RISK INW Act of 2001
PROP. BY SEN. MCCAIN - "Terrestrial Inw. A.
(STAFF DRAFT ONLY) - SEC. 8, 1744
S. 1743 - NAT'L TERRESTRIAL REINS. FUND Act
S. 2600 - TERRESTRIAL RISK INW Act of 2002

17. House(s) of Congress and Federal agencies contacted

Check if None

U. S. SENATE - STAFF
WHITE HOUSE - STAFF
S.A. D. - STAFF

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

Name	Covered Official Position (if applicable)
<u>Gray Jane Cherry</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 you were engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each issue area as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

HAS BEEN PROPOSED CHANGES TO THE
HIP PRIVACY OF INDIV. IDENTIFIABLE
HEALTH INFORMATION (1996 HIP)

17. House(s) of Congress and Federal agencies contacted

Check if None

U.S. SENATE - STAFF
WHITE 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 Cherry</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.F., 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 e information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

6 AD REV. ON FAILURE OF U.S. DOL - ON
MEASURE EFFECTIVENESS OF FED. -
WORKPLACE "INDEPENDENT" FOR
U.S. DOL - USHA - DATA COMPATIBLIT
"STANDARDS" ISSUE

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

U.S. DOL - USHA

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

Name	Covered Official Position (if applicab
<u>Mary Jane Cherry</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 Cherry 2/1/11

Date 9/1/11

Printed Name and Title

Mary Jane Crenney - MAIRNSDON C

Form LD-2 (Rev. 6/98)