

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
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SECRETARY OF THE SENATE

03 JUL -3 AM 9:40

LOBBYING REPORT

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

1. Registrant Name REINSURANCE ASSOCIATION OF AMERICA			
2. Address <input type="checkbox"/> Check if different than previously reported 1301 PENNSYLVANIA AVENUE N W SUITE 900			
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) DC USA			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
MARY ZETWICK SEIDEL	202-638-3690	seidel@reinsurance.org	33044-2
7. Client Name <input type="checkbox"/> Self REINSURANCE ASSOCIATION OF AMERICA			6. House ID # 30411000

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec)
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 **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

12. Lobbying Firms
INCOME relating to lobbying activities for this reporting period was:
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).

13. Organizations
EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
<input type="checkbox"/> Method A. Reporting amounts using LDA definit
<input type="checkbox"/> Method B. Reporting amounts under section 603: Internal Revenue Code
<input checked="" type="checkbox"/> Method C. Reporting amounts under section 162: Internal Revenue Code

Signature _____

Printed Name and Title _____

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P.

Registrant Name Reinsurance Assn. of Amer Client Name Reinsurance Assn. of America

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 INS (one per page)

16. Specific lobbying issues

Insurance Tax Legislation

Terrorism Insurance Legislation

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

Check if None

- House
- Senate
- White House
- Treasury Department

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

Name	Covered Official Position (if applicable)
<u>MARY ZETWICK SEIDEL</u>	Vice President and Director of Federal Affairs
.....	
.....	
.....	
.....	
.....	
.....	
.....	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date _____

Printed Name and Title _____

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Registrant Name _____ Client Name _____

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

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(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 contribution for lobbying activities

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

Signature *Mans Zherid Saad* Date *6/27/12*

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Printed Name and Title

Mary Zetwick Seidel

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