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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 3/17/2003

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

### REGISTRANT

3. Registrant name Anderson Pitts, LLC

Address 101 Constitution Avenue, N.W., Suite 800

City Washington

State DC

Zip 20001

4. Principal place of business (if different from line 3)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(202) 742-4653

Contact Lori A. Kuhns

E-mail (optional) LoriKuh

6. General description of registrant's business or activities

Consulting/Government Relations

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should ch*  
*labeled "Self" and proceed to line 10.*  Self

7. Client name Financial Services Coordinating Council

Address 101 Constitution Avenue, N.W., Suite 800

City Washington

State DC

Zip 20001

8. Principal place of business (if different from line 7)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

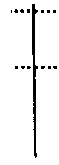
9. General description of client's business or activities

Insurance

### LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any pe  
this section has served as a "covered executive branch official" or "covered legislative branch official" within two  
acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applica
<u>Philmore B. Anderson</u>	.....
<u>James L. Pitts</u>	.....



Registrant Name Anderson Pitts, LLC Client Name Financial Services Coordinating Council

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-

BAN BNK FIN INS RET TAX

12. Specific lobbying issues (current and anticipated)

*Insurance, financial and tax.*

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No ⇨ Go to line 14.

Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bus (city and state or cot

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in t of the lobbying activity?

No ⇨ Sign and date the registration.

Yes ↓ Complete the rest of this section for ea matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature

*Loril Pitts*

Date

04/24/2008

Signature [Handwritten Signature] Date 07/27/200

Printed Name and Title Lori A. Kuhns, Director of Business Operations

Form LD-1 (Rev. 06/98)