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LOBBYING REPORT

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

1. Registrant Name LOW & CHILDERS, P.C.			
2. Address <input type="checkbox"/> Check if different than previously reported 2999 N. 44TH STREET, SUITE 250			
3. Principal Place of Business (if different from line 2) City: PHOENIX State/Zip (or Country) AZ 85018			
4. Contact Name J. MICHAEL LOW	Telephone (602) 266-1166	E-mail (optional) mlow@lowchilders.com	5. Senate ID # 64691
7. Client Name <input type="checkbox"/> Self AMERICAN FAMILY MUTUAL INSURANCE COMPANY			6. House ID # 35562

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Decer

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date 1 May 2002

11. No Lobbying

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 checked="" 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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definiti</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature 

Printed Name and Title

J. MICHAEL LOW, ATTORNEY AT LAW

Registrant Name LOW & CHILDERS, P.C. Client Name AMERICAN FAMILY MUTUAL INSURANCE COMF

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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

TAX ISSUE REGARDING PAYMENTS TO RETIRED AGENTS OF AMERICAN FAMILY

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

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

Name	Covered Official Position (if applicable)
J. MICHAEL LOW	
GRETCHEN N. JACOBS	

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

Signature  Date _____

Printed Name and Title J. MICHAEL LOW, ATTORNEY AT LAW

Registrant Name LOW & CHILDERS, P.C. Client Name AMERICAN FAMILY MUTUAL INSURANCE COMF

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

16. Specific lobbying issues

TAX ISSUE REGARDING PAYMENTS TO RETIRED AGENTS OF AMERICAN FAMILY

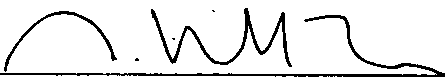
17. House(s) of Congress and Federal agencies contacted Check if None

[Empty box for House(s) of Congress and Federal agencies contacted]

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

Name	Covered Official Position (if applicable)
J. MICHAEL LOW	
GRETCHEN N. JACOBS	

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

Signature  Date _____

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

16. Specific lobbying issues

TAX ISSUE REGARDING PAYMENTS TO RETIRED AGENTS OF AMERICAN FAMILY

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

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

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Signature _____ Date _____

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