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JOHN J. SULLIVAN

\*Indiana Certification as a Civil Trial Advocate  
by the National Board of Trial Advocacy  
February 7, 2001

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

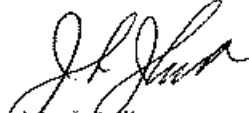
RE: Golden Rule, ID #32621000

Dear Secretary:

✓ Enclosed herewith please find the original and one copy of my Lobbying Report for the year end period, July 1 through December 31, 2000.

Would you please provide me with a file-stamped copy of the report? For your convenience, enclosed herewith please find a stamped, self-addressed envelope. Thank you for your attention to this matter.

Very truly yours,



John J. Sullivan

JJS/kf

Enclosures

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

RECEIVED  
 SECRETARY OF THE SENATE  
 PUBLIC RECORDS  
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**LOBBYING REPORT**

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

1. Registrant Name <b>John J. Sullivan</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>8900 Keystone Crossing, Suite 1250, Indianapolis, IN 46240</b>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name <b>John J. Sullivan</b>	Telephone <b>317-574-4500</b>	E-mail (optional) <b>jsullivan@quest.net</b>	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <b>Golden Rule Insurance Company</b>	6. House ID # <b>32621000</b>		

TYPE OF REPORT 8. Year 2000 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><b>12. Lobbying Firms</b></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"/> ⇒ \$ _____  <small>Income (nearest \$20,000)</small></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><b>13. Organizations</b></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"/> ⇒ \$ _____  <small>Expenses (nearest \$20,000)</small></p> <p><b>14. REPORTING METHOD.</b> 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 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature *John J. Sullivan*  
 Printed Name and Title John J. Sullivan, Attorney

Registrant Name John J. Sullivan Client Name Golden Rule Insurance Company

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

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

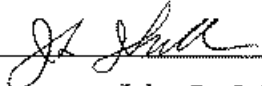
16. Specific lobbying issues  
**Health Insurance**

17. House(s) of Congress and Federal agencies contacted  Check if None  
**House of Representatives**  
**U.S. Senate**

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

Name	Covered Official Position (if applicable)	New
John J. Sullivan		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date 2/7/01  
Printed Name and Title John J. Sullivan, Attorney