

SECRETARY OF THE SENATE
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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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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</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>1201 PENNSYLVANIA AVE, N.W., SUITE 300, WASH., DC 200</u>			
3. Principal Place of Business (if different from line 2) <u>701 PENINSULA CORP. CIR.</u>			
City: <u>ROCK PAVON</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>67955-</u>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <u>356698</u>

TYPE OF REPORT 8. Year 2004 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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">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 align="center">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 exp accounting method. See instructions for description of opt.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature _____

Printed Name and Title _____

LD-2 (REV. 6/98)

PAGE

Registrant Name NAT'L COUNCIL ON Client Name SELF
COMP. INS.

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

16. Specific lobbying issues

FEDERAL WORKERS' COMPENSATION INSURANCE -
ISSUES (RELATED TO STATE ISSUES)
WORKERS' COMPENSATION DATA - OSHA & STATE

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

Check if None

OSHA
HOUSE MEMBERS (STAFF) + COMM. STAFF (SEE SEN. ST.
NXT. PAGE)
TREASURY/TRIP DIRECTOR
CONGRESSIONAL RESEARCH SERVICES INS. STA.
GAD UNIT RESEARCHING ASBESTOS CLAIM IV
ED. (INSURANCE UNIT) (CON

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

Name	Covered Official Position (if applicable)
MARY JANE CLEARY	N/A

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)

P:

Registrant Name NAT'L COUNCIL ON COMP. INT. Client Name SELF

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

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

16. Specific lobbying issues
(SEE P. 2)

17. House(s) of Congress and Federal agencies contacted Check if None
- REP. LINCOLN DIAZ-BALART (STAFFPERSON)
 - " CLAY STAN (STAFFPERSON)
 - " TOM FEENEY (STAFFPERSON)
 - " MARIO DIAZ-BALART (STAFFPERSON)
 - " KATHLEEN HARVEY (STAFFPERSON) (COUN)

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

Name	Covered Official Position (if applicable)
MIRY JANE CLEARY	N/A

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)

P:

Registrant Name NATL COUNCIL ON Client Name SELF
COMP. INT.

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 LBR (one per page)

16. Specific lobbying issues
(SEE P. 2)

17. House(s) of Congress and Federal agencies contacted Check if None
REP. EARL POMEROY (STAFF PERSON)
SEN. REPUBLICAN POLICY OFFICE (STAFF PERSON)
HOUSE F.V. COMM. (INT. STAFF PERSONS)
TREAS. (ECONOMIC POLICY OFFICE STAFF)

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

Name	Covered Official Position (if applicable)
<u>MARY JUNE CLEARY</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 _____

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Registrant Name Natal Council on COMP. INS. Client Name SELF

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

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

16. Specific lobbying issues

TREASURY - REGULATIONS IMPLEMENTATION
PROPOSED "FEDERAL STANDARDS" FOR
REGULATION OF INS. BILL (HOUSE F.S.)

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

HOUSE F.S. COMM. (STAFF PERSONS)
TREASURY - TRIP OFFICE (STAFF PERSON) &
ECON. POLICY OFFICE (STAFF PERSON)

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

Name	Covered Official Position (if applicable)
Mary Jane Cleary	N/A

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

Mary Jane Cleary

Date 8/6/04

Signature

Printed Name and Title

MARY JANE CLEARY-WASHINGTON

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