

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  
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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>The Advocacy Group</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>1350 I Street, N.W. #680 Washington, D.C. 20005</b>			
3. Principal Place of Business (if different from line 2)			
City:	State/zip (or Country)	Telephone	E-mail (optional)
4. Contact Name <b>George A. Ramonas</b>		<b>(202) 393-4841</b>	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <b>Minnesota Life Insurance Co.</b>			6. House ID # <b>30018050</b>

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-D

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

10. Check if this is a Termination Report  ⇔ Termination Date 6/15/03 11. No Lobb

### 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"/> ⇔ \$ _____ 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><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"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 1 Internal Revenue Code</p>
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Signature *Caroline de Munnick* Date August 14, 2003

Print Name and Title Caroline de Munnick for Jon L. Boisclair, Associate. 10/9

Registrant Name The Advocacy Group Client Name Minnesota Life Insurance Co.

**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 c information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

No legislation. Monitored issues regarding the insurance industry.

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

US House of Representatives  
US Senate

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

Name	Covered Official Position (if applicable)
Jon L. Boisclair	

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

Signature CDM Date Aug 17 00

Printed Name and Title Caroline de Munnick for Jon L. Boisclair, Associate 2/0

Registrant Name The Advocacy Group Client Name Minnesota Life Insurance Co.

**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 BAN (one per page)

16. Specific lobbying issues

No legislation. Monitored issues regarding the insurance industry.

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

US House of Representatives  
US Senate

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

Name	Covered Official Position (if applicable)
Jon L. Boisclair	

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



Registrant Name The Advocacy Group Client Name Minnesota Life Insurance Co.

**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 INS (one per page)

16. Specific lobbying issues

No legislation. Monitored issues regarding the insurance industry.

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

US House of Representatives  
US Senate

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

Name	Covered Official Position (if applicable)
Jon L. Boisclair	

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



Registrant Name The Advocacy Group Client Name Minnesota Life Insurance Co

**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 (city and state or country)
N/A		

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
N/A			

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Caroline de Munnick for Jon L. Boisclair, Associate

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