Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

ECRETARY OF TH

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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	4/16/2002		
2.	House Identification N	Tumber	Senate Identification Number			
R	EGISTRANT					
3.	Registrant Name	FH/GPC				
	Address	601 13th Street Suite 410S				
	City	Washington,DC	State Zip 20005	USA		
4.	Principal place of busi City	ness (if different from line 3)	State/Zip (or Country)			
5.	Telephone number and 202-737-7485	i contact name Contact Matthew LaRocco	E-Mail (optional) laroccom@fh-gpc.com			
6.	General description of	registrant's business or activities				
C		"Self" and proceed to line 10. 🗌 Se		z in-house lobbyists sh		
7.	Client Name	Insurance Technology Coalition	n			
	Address	6 E Street SE				
	City	Washington	State DC Zip 20003	USA		
8.	Principal place of busi	ness (if different from line 7)	State/Zip (or Country)			
9.	-	on of client's business or activities epresents insurance and technological industries.				
	in this section has serv	ed as a "covered executive branch	act as a lobbyist for the client identified on line official or "covered legislative branch official e and/or legislative position(s) in which the per	" within two years o		
	Name		Covered Official Position	ı (if applicable)		
	Larry LaRocco					
	Matthew LaRocco					
	Marc Pearl					

Filing #9d687ea9-3988-4196-a396-f358bf2b43e2 - Page 1 of 4

Registrant Name:	FH/GPC ,					
Client Name:	Insurance Technology Coalition					
LOBBYING ISSUES 11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, particle banks, FIN, INS, SCI 12. Specific lobbying issues (current and anticipated) SPAM; Privacy; Optional Federal Charter.						
13. Is there an ent	eriod and in whole or ma	that contributes more than	\$10,000 to the lobbying act or controls the registrant's local Complete the rest of this scriteria above, then proceed	obbying activities? section for each entity matchi		
	Name	A	ddress	Principal Place of B (city and state or co		
FOREIGN EI	"					
b) direct of the c) is an	at least 20% equitable of the or indirectly, in whole elient or any organizati	le or in major part, plans, s ion identified on line 13; o	-	n line 13; or finances, or subsidizes activit interest in the outcome of the		
☒ No. Sign a	and date the registration.	. □ Yes.	Complete the rest of this s criteria above, the sign an	section for each entity matchind date the registration.		
Name		Address	Principal Place of Busin (city and state or count	1		
Signature	Larry Lard	occo - Vice-Chairman		Date		

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