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| Clerk of the House of Representatives<br>Legislative Resource Center<br>B-106 Cannon Building<br>Washington, DC 20515 | Secretary of the Senate<br>Office of Public Records<br>232 Hart Building<br>Washington, DC 20510 |
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SECRETARY OF THE SENATE  
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H.O.

**LOBBYING REGISTRATION**  
Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 1/1/00  
2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

**REGISTRANT**

3. Registrant Name **Timmons and Company, Inc.**  
Address **Suite 850** **1850 K Street, NW**  
City **Washington** State **DC** Zip **20006**  
4. Principal place of business (if different from line 3)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
5. Telephone number and contact name Contact E-Mail (optional)  
**202-331-1760** **William H. Cable** **bc@timmonsandco.com**  
6. General description of registrant's business or activities  
**Government Relations and Lobbying Firm**

**CLIENT** *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.  Self*

7. Client Name **New York Life Insurance Company**  
Address **1001 Pennsylvania Avenue, NW,** **Suite 58N**  
City **Washington** State **DC** Zip **20004**  
8. Principal place of business (if different from line 7)  
City **New York** State/Zip (or Country) **NY 10010**  
9. General description of client's business or activities  
**A life insurance, annuity, long term care and asset management company**

**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

| Name                     | Covered Official Position (if applicable) |
|--------------------------|---|
| <b>Michael J. Bates</b>  |   |
| <b>Douglas Bennett</b>   |   |
| <b>William H. Cable</b>  |   |
| <b>Ellen Fitzgibbons</b> |   |

Registrant Name: Timmons and Company, Inc.

Client Name: New York Life Insurance Company

| Item | Description               | Data               |
|------|---------------------------|--------------------|
| 10a  | Lobbyist Name             | Bryce L. Harlow    |
| 10b  | Covered Official Position |                    |
| 10a  | Lobbyist Name             | Timothy Keating    |
| 10b  | Covered Official Position |                    |
| 10a  | Lobbyist Name             | Tom C. Korolages   |
| 10b  | Covered Official Position |                    |
| 10a  | Lobbyist Name             | William E. Timmons |
| 10b  | Covered Official Position |                    |

Registrant Name: Timmons and Company, Inc.  
 Client Name: New York Life Insurance Company

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

FIN, HCR, INS, FAX, TOR, TRD

12. Specific lobbying issues (current and anticipated)

All legislation and regulation relating to life insurance, annuity, long term care and asset management.

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or major part plans, supervises, or controls the registrant's lobbying activities?

- No. Go to line 14.  Yes. Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

| Name | Address | Principal Place of Business (city and state or country) |
|------|---------|---|
|      |         |   |

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities of the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

- No. Sign and date the registration.  Yes. Complete the rest of this section for each entity matching the criteria above, the sign and date the registration.

| Name | Address | Principal Place of Business (city and state or country) | Amount of contribution for lobbying activities | Ownership percentage in client |
|------|---------|---|--|--------------------------------|
|      |         |   |  |                                |

Signature *William H. Cable* Date 6/12/00  
 Printed Name and Title William H. Cable - Vice President