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 (

02 APR 1

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Ch	eck if this is an Amend	ed Registration	1. Effective Date of Registration					
2.	House Identification l	Number	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 bus	iness (if different from line 3)	State/Zip (or Country)					
5.	Telephone number an 202-637-1455	d contact name Contact Callander Turner	E-Mail (optional) turners@fh-gpc.com,~					
6.	General description of registrant's business or activities							
C		ving firm is required to file a separate regi	stration for each client. Organizations employi	ng in-house lobbyists sh				
<u>7.</u>	Client Name	American Insurance Association						
	Address	1130 Connecticut Avenue Suite 1000						
	City	Washington	State DC Zip 20036	USA				
8.	Principal place of business (if different from line 7) City State/Zip (or Country)							
9.	General description of client's business or activities Association the with interests in Cyber-Security, Privacy, and e-Commerce							
	in this section has serv	ved as a "covered executive branch of	t as a lobbyist for the client identified on lificial" or "covered legislative branch officind/or legislative position(s) in which the pe	al" within two years c				
	Name		Covered Official Position	on (if applicable)				
	Marc Pearl							

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Registrant Name	e: FH/GPC	FH/GPC							
Client Name:	American	American Insurance Association							
11. General I	LOBBYING ISSUES 1. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page CPI, SCI								
-	obbying issues (e-Commerce; Pr		• /						
13. Is there as		n the client that	contributes more than	\$10,000 to the lobbying act or controls the registrant's lo					
🔀 No. C	⋈ No. Go to line 14.		☐ Yes.	Complete the rest of this section for each entity match criteria above, then proceed to line 14.					
	Name		A	ddress	Principal Place of B (city and state or co				
14. Is there as a) h b) d c c c) is	lirectly or indirect of the client or an	that: sequitable owner tly, in whole or y organization in the client or any o	in major part, plans, s dentified on line 13; o	•	n line 13; or finances, or subsidizes activit interest in the outcome of the				
🔀 No. S	No. Sign and date the registration.		☐ Yes.	Complete the rest of this section for each entity match criteria above, the sign and date the registration.					
Nai	me		Address	Principal Place of Busin (city and state or count					
Signature	т	arry LaRocco	- Vice-Chairman		Date 4/19/2002				

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