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

Clerk of the House of Representatives
Office of Public Records
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SECRETARY OF THE SENATE OI MAR 15 PM 1:42

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Arne	ended Registration 🔲	1. Effectiv	ve Date of Re	egistration	02/01	/01	
2. House Identification Number		Senate Identification Number					
REGISTRAN'I 3. Registrant name		c		LLIFLLI3FLF381171FF1	 	151 155175517517517717517	
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City		***************************************					
	pusiness (if different from		State/Zip (or			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5. Telephone number (202 879-9		Contact _{Jay Heimb}	ach	E-mail	(optional)	261276123612F612661F8186178	Marrianria
,	n of registrant's busines:						
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	business (if different fro	nna linge 7)	State/Zip (o	4-712		***************************************	
	en of client's business or enal trade ass	activities ociation repres	enting 1	ife ir	surance	industr	<u>Y</u>
this section has	served as a "covered exe	is expected to act as a lobby ecutive branch official" or "c se executive and/or legislativ	covered legisla	tive branch	official" wit	hin two years o	
	Name		- Covi	ered Offici	al Position (il	applicable)	
Steve Rischetti			Deputy Chief of Staff, The White Hou				
Jeff Ricche Jay Beimbac	/	141 1	Acting D	irecto Oligi	r. OLIA Adrigo W	, FCC hite hou	p o puty
Form LD-7 (Rev. 06-98)			136613611331333461316613			-144414	Popu s

OBBYING ISSUES 1. General lobbying issue areas INS	s. Select all applicable codes lists	ed in instructions and on the re	verse side of Form LD-1	, page 1.				
2. Specific lobbying issues (cu	rrent and anticipated)							
Pension : Tax issue Medical I		te tax repeal						
FFILIATED ORGA! Is there an entity other that a semiannual period and it.	NIZATIONS in the client that contributes m in whole or in major part plans	nore than \$10,000 to the lob s, supervises or controls the	bying activities of the registrant's lobbying i	registrant in activities?				
No ⇔ Go to line 1	4. DYes	Yes I Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.						
Name	Ad	ldress	Principal Place of Business (city and state or country)					
b) directly or indi- activities of the c) is an affiliate of of the lobbying No ⇒ Sign and date	y that: 0% equitable ownership in the rectly, in whole or in major page client or any organization id f the client or any organization; activity? the registration.	ent, plans, supervises, controllentified on line 13; OF in identified on line 13 and in I Yes I Complete the matching the corregistration.	ols, directs, finances or has a direct interest in t est of this section for e- riteria above, then sign	subsidizes the outcome ach entity and date the				
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client				
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