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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 4/27/01  
 2. House Identification Number 35-95002 Senate Identification Number 62778-90

**REGISTRANT**

3. Registrant name Ricchetti Inc.  
 Address 1001 G Street NW Suite 700 East  
 City Washington State DC Zip 20001  
 4. Principal place of business (if different from line 3)  
 City SAME State/Zip (or Country)  
 5. Telephone number and contact name  
(202) 879-9367 Contact Jmy Heimbach E-mail (optional)  
 6. General description of registrant's business or activities  
Government Relations

**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 American Council of Life Insurers  
 Address 1001 Penn Ave NW  
 City Washington State DC Zip 20004  
 8. Principal place of business (if different from line 7)  
 City State/Zip (or Country)  
 9. General description of client's business or activities  
Life insurance industry

**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 the client, state the executive and/or legislative position(s) in which the person served.

Add

Name	Covered Official Position (if applicable)
Lisa Kavoutapas	Deputy Assistant to the President
	Special Assistant to the President

**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.

INS

12. Specific lobbying issues (current and anticipated)

- Pension issues
- Tax issues, including estate tax repeal
- Medical Financial Privacy
- Bankruptcy Reform

**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 in 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, then 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 *Steve Ricchetti* Date 05/04/08

Printed Name and Title Steve Ricchetti, President and Founder