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

02 JUL 29 PM 3:00

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

| | | | |
|---|--------------|-------------------|---------------------------|
| 1. Registrant Name Arent Fox Kintner Plotkin & Kahn, PLLC | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 1050 Connecticut Ave., N.W. Washington, D.C. 20036-5339 | | | |
| 3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____ | | | |
| 4. Contact Name | Telephone | E-mail (optional) | 5. Senate ID # |
| Michael J. Kurman | 202/857-6345 | | 4208-2218 |
| 7. Client Name <input type="checkbox"/> Self Alliance of American Insurers | | | 6. House ID # 30861164 |

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December 31)
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇒ Termination Date _____ 11. No Lobbying **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

| 12. Lobbying Firms | 13. Organizations |
|--|---|
| INCOME relating to lobbying activities for this reporting period was: | EXPENSES relating to lobbying activities for this reporting period were: |
| Less than \$10,000 <input type="checkbox"/> | Less than \$10,000 <input type="checkbox"/> |
| \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>100,000</u> Income (nearest \$20,000) | \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000) |
| Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client). | 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of |
| | <input type="checkbox"/> Method A. Reporting amounts using LDA definition |
| | <input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code |
| | <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code |

Signature _____

Printed Name and Title Michael J. Kurman, Member

Registrant Name Arent Fox Kintner Plotkin & Kahn, PLLC Client Name Alliance of American Insurers

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, information as requested. Attach additional page(s) as needed.

15. General issue area code INS (one per page)

16. Specific lobbying issues

Re-insurance issues related to liability for terrorist actions

17. House(s) of Congress and Federal agencies contacted

Check if None

Senate

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|-----------------|---|
| Dale Bumpers | |
| Mike McNamara | |
| Mary Hope Davis | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date _____

Printed Name and Title Michael J. Kurman, Member

Registrant Name Arent Fox Kintner Plotkin & Kahn, PLLC Client Name Alliance of American Insurers

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Mike McNamara
Mary Hope Davis

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

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

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities |
|------|---------|---|--|
| | | | |

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant affiliated organization

Signature Michael J. Kurman Date 7/29/02

