

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY

Year 2013

WASHINGTON, D.C. 20001

Non-Profit ☐ For-Profit ☐

☒ ORIGINAL

LOBBYIST REGISTRATION FORM

(See next page for instructions)

☐ AMENDMENT

Filing Fee Enclosed ☒ \$250.00  
☐ \$50.00

1. (a) Registrant's Name AFLAC (b) Daytime Phone Number 706-596-3855  
(c) Permanent Address 1932 Wynnton Rd Columbus GA, 31999  
(Street Address) (City, State, Zip Code)  
(d) Temporary Address (while lobbying) \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(e) E-Mail Address dkbrown@aflac.com

2. Lobbyist(s) Working for Registrant: List the full name of each in-house person employed and each individual retained by you to lobby on your behalf. If you do not employ an in-house person or retain an individual to lobby, state non-applicable.

(a) Name Robert M. Willis (b) Name \_\_\_\_\_  
Address 1200 G Street, Suite 800 Address \_\_\_\_\_  
(Street Address) (Street Address)  
Washington, DC 20005 \_\_\_\_\_  
(City, State, Zip Code) (City, State, Zip Code)

☐ Daytime Phone Number 202-434-8763 Daytime Phone Number \_\_\_\_\_  
☐ If more space is needed, check box and attach OCF Supplemental Sheet.

3. Person Compensating Registrant: List the full name of each client with whom you have an agreement for compensation to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

(a) Name n/a (b) Daytime Phone Number \_\_\_\_\_  
(c) Address na/ \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(d) Nature of Business n/a

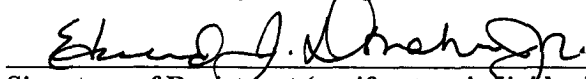
4. Terms of Compensation: (a) \$1500/month (b) Annual Contract  
(Salary) (Duration of Employment)

☐ If more space is needed, check box and attach OCF Supplemental Sheet.

5. Identify each matter by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

Insurance - legislative and regulatory matters

I, the undersigned, declare under oath and on penalty of perjury that the statements contained in this Lobbyist Registration Form are, to the best of my knowledge, true, correct, and complete.



Signature of Registrant (or, if not an individual, an authorized officer or agent\* of registrant must sign)

\*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.

Subscribed and sworn to before me on this 9th day of January, 2013.



Notary Public

My Commission Expires: My Commission Expires March 20, 2015

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