

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
WASHINGTON, D.C. 20001

Year 2013

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 American Council of Life Insurers (b) Daytime Phone Number 202-624-2177
(c) Permanent Address 101 Constitution Ave, NW Suite 700, Washington DC 20001
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) _____
(Street Address) (City, State, Zip Code)
(e) E-Mail Address _____

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 Joann Waiters (b) Name _____
Address 101 Constitution Ave, NW, Suite 700 Address _____
(Street Address) (Street Address)
Washington DC 20001 (City, State, Zip Code) (City, State, Zip Code)
Daytime Phone Number 202-624-2177 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 Non-applicable (b) Daytime Phone Number _____
(c) Address _____ (Street Address) (City, State, Zip Code)
(d) Nature of Business _____

4. Terms of Compensation: (a) _____ (Salary) (b) _____ (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.

All matters pertaining to life insurance, annuities, disability income insurance, long-term care insurance, group health insurance

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.

Joann Waiters

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.

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

JoAnne Mimms-Balden
Notary Public

My Commission Expires: 9-30-2014