

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

Non-Profit  For-Profit

Year 2013

ORIGINAL

LOBBYIST REGISTRATION FORM  
(See next page for instructions)

AMENDMENT

Filing Fee Enclosed  \$250.00  
 \$50.00

1. (a) Registrant's Name AMERICAN INSURANCE ASSOCIATION (b) Daytime Phone Number 202-828-7100  
(c) Permanent Address 2101 L ST. NW #400 WASHINGTON, DC 20037  
(Street Address) (City, State, Zip Code)  
(d) Temporary Address (while lobbying) SAME AS ABOVE  
(Street Address) (City, State, Zip Code)  
(e) E-Mail Address INFO@MINDC.ORG

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 ERIC M. GOLDBERG (b) Name \_\_\_\_\_  
Address 2101 L ST. NW #400 Address \_\_\_\_\_  
(Street Address) (Street Address)  
WASHINGTON, DC 20037 (City, State, Zip Code)

Daytime Phone Number 202-828-7172 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 AMERICAN INSURANCE ASSOCIATION (b) Daytime Phone Number 202-828-7100  
(c) Address 2101 L ST. NW #400 WASHINGTON, DC 20037  
(Street Address) (City, State, Zip Code)  
(d) Nature of Business PROPERTY + CASUALTY INSURANCE REINSURANCE ASSOCIATION

4. Terms of Compensation: (a) \$3,000 (b) FULL TIME  
(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.

ALL MATTERS INVOLVING PROPERTY AND CASUALTY 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.

[Signature]

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 4 day of January 2013.

Christine M. Tampio  
Notary Public

My Commission Expires: March 14, 2016

Rev. 12/2012 rec'd by: S. Peterson (BEGA) 1/18/13