

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 District of Columbia Association of Health Plans (DCAHP) (b) Daytime Phone Number 202-621-1886
(c) Permanent Address 1455 Pennsylvania Ave., NW, Suite 400, Washington, DC 20004
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) _____
(Street Address) (City, State, Zip Code)
(e) E-Mail Address dwwdc1@gmail.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 David W. Wilmot (b) Name _____
Address 1455 Pennsylvania Avenue, NW., Suite 400 Address _____
(Street Address) (Street Address)
Washington, DC 20004 (City, State, Zip Code) (City, State, Zip Code)

- Daytime Phone Number 202-250-4958 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 District of Columbia Association of Health Plans (DCAHP) (b) Daytime Phone Number (202)-621-1886
(c) Address 1455 Pennsylvania Avenue, NW., Suite 400, Washington, DC 20004
(Street Address) (City, State, Zip Code)
(d) Nature of Business Health Insurance

4. Terms of Compensation: (a) Monthly Retainer (b) Indefinite
(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 Legislative, policy and regulatory matters pertaining to and of interest to the Health Insurance Industry.

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 4 day of January, 2013

My Commission Expires: 10/31/2016

Notary Public

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