1394

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

FOR OFFICE USE ONLY
Postmark Date: 6-4-07
Reg 2007
V#8535
$110
Wmi

SCANNED
JUL 12 2007
By: [illegible]

107033

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Lutka (Last) Robin (First) L. (MI)

2. BUSINESS PHONE 630 737 7148 (Area Code and Phone Number)

3. BUSINESS ADDRESS 3200 Highland Ave. (Street and No.) Downers Grove, IL (City) 60515 (State) (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

4. EMPLOYER Coventry Health Care

5. EMPLOYER'S ADDRESS 6705 Rockledge Dr. Suite 900 (Street and No.) Bethesda, MD (City) 20817-1850 (State) (Zip)

2007 JUN -7 PM 12:14
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Coventry Health Care

Address 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817-1850

Business or purpose Health care

Does this person pay you? yes

If No, who pays you? _____

Form 400, Rev. 10/2002

LOBBYING REGISTRATION FORM

2. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

3. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

4. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

_____
Signature of Lobbyist

Form 550, Rev. 10/2002