LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number: 764

FOR OFFICE USE ONLY
Postmark Date: 9-6-07
BUDD

1070992

~~1070951~~

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Kemmerly, David L.
   Last First MI

2. BUSINESS PHONE 502-580-8864

3. BUSINESS ADDRESS 500 W. Main St., Louisville, KY 40202
   Street and No. City State Zip

   MAILING ADDRESS 500 W. Main St., Louisville, KY 40202
   Street and No. City State Zip

4. EMPLOYER Humana, Inc.

5. EMPLOYER'S ADDRESS 500 W. Main St., Louisville, KY 40202
   Street and No. City State Zip

2007 SEP -6 PM 12:02

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

   1. Name_____

      Address_____

      Business or purpose_____

      ☐ New Representation
      Does this person pay you?_____

      If No, who pays you?_____

      ☐ Terminated Representation as of _____

Form 501, Rev. 10/2002

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

724
Lobbyist Registration Number

2. Name_____

Address_____

Business or purpose_____

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☐ Terminated Representation as of_____

3. Name_____

Address_____

Business or purpose_____

☐ New Representation
Does this person pay you?_____

If No, who pays you?_____

☐ Terminated Representation as of_____

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.

David L. Kennedy
Signature of Lobbyist

PSOF 501, Rev. 10/2002