LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/3/08
Supp-term
ACKV
1071163

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

2. BUSINESS PHONE 630 737 7148

3. BUSINESS ADDRESS 6705 Rockledge Dr (Street and No.) Bethesda (City) MD (State) 20817 (Zip)

MAILING ADDRESS 3200 Highland Avenue (Street and No.) Downers Grove (City) IL (State) 60515 (Zip)

4. EMPLOYER Coventry Health Care

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

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

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 Coventry Health Care
   Address 6705 Rockledge Drive, Bethesda, MD 20817
   Business or purpose Health Care

   ☐ New Representation
   Does this person pay you? ____

   If No, who pays you? ____

   ☒ Terminated Representation as of 12/31/07

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

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.

_____
Signature of Lobbyist

Form 681, Rev. 10/2002