EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Executive Lobbyist Registration No.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (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 or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 1/3/08
Sup-term
ACKV
3070712

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

NAME CHANGE _____ (Last) _____ (First) _____ (MI)

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

3. FAX PHONE 630 737 7518

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

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

5. EMPLOYER Coventry Health Care

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

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

8. 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

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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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

_____
Signature of Lobbyist