



In-State Event Disclosure Form

Instructions: This form is for employers of lobbyists or lobbyists to report the costs of in-state events, where the entire membership of the General Assembly is invited, permissible under T.C.A. § 3-6-305 (b) (8). A copy of the invitation must be delivered to the Tennessee Ethics Commission at least seven (7) days prior to the event. The In State Event Disclosure statements must be filed within thirty (30) days following the event. If two (2) or more employers of lobbyists or lobbyists pay for the costs of the event, the costs may be consolidated on this form; provided that specification is made as to the allocation of the costs among the employers or lobbyists. Such employers or lobbyists shall remain individually accountable for the timeliness and accuracy of the consolidated form. Please note that the information listed on this statement will be posted on the Commission's website.

Note: This form is able to be typed in and saved to your computer. Upon completion, you may e-mail it to emily.alexander@tn.gov.

EVENT HOSTED BY

Tennessee Health Insurance Industry

DATE OF THE EVENT

January 15, 2014

BRIEF DISCRIPTION OF THE EVENT

Breakfast reception

TOTAL AGGREGATE COST PAID FOR THE EVENT

\$6,197.76

LIST THE COST FOR THE EVENT BASED ON THE NUMBER OF PERSONS INVITED. NOTE: THIS COST SHOULD NOT EXCEED \$58 PER PERSON, EXCLUDING SALES TAX AND GRATUITY.

\$46.60

FILL IN THE CHART BELOW ACCORDINGLY FOR EACH EMPLOYER OR LOBBYIST OR PERSONS WHO CONTRIBUTED TO THE EVENT. NOTE: THE COST SHOULD NEVER BE ZERO (\$0).

Employer or Lobbyist Name	Employer or Lobbyist	Address	Phone Number	Individual Cost Paid
1 Blue Cross Blue Shield- Tennessee		1 Cameron Hill Circle, Chattanooga TN 37402	423-535-5600	\$1200.00
2 Aetna		151 Farmington Avenue Hartford, CT 06156	860-273-0123	\$1000.00
3 Cigna		900 Cottage Grove Road Bloomfield, CT 06002	860-226-6000	\$1200.00
4 Humana		500 West Main Street Louisville, KY 40202	502-580-1000	\$1200.00

TOTAL COST OF EVENT: \$6,197.76

TO BE SIGNED BY EMPLOYER OF LOBBYIST OR LOBBYIST:

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report as required by T.C.A § 3-6-305(b)(8).

1 David R. Loeche
Signature

2/3/14
Date

2 [Signature]
Signature

2/4/14
Date

3 Amanda Haynes Young
Signature

2/3/14
Date

4 [Signature]
Signature

2/4/2014
Date

FILL IN THE CHART BELOW ACCORDINGLY FOR EACH EMPLOYER OR LOBBYIST OR PERSONS WHO CONTRIBUTED TO THE EVENT. NOTE: THE COST SHOULD NEVER BE ZERO (\$0).

Employer or Lobbyist Name	Employer or Lobbyist	Address	Phone Number	Individual Cost Paid
TRH Health Plans		147 Bear Creek Pike Columbia, TN 38402	931-388-7872	\$1597.76

TOTAL COST OF EVENT: \$\$6197.76

TO BE SIGNED BY EMPLOYER OF LOBBYIST OR LOBBYIST:

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report as required by T.C.A § 3-6-305(b)(8).



Signature

2/3/2014

Date

Signature

Date

Signature

Date

Signature

Date