



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

Independent Insurance Agents of Tennessee, Inc., Tennessee Farmers Mutual Insurance Company, State Farm Mutual Auto Insurance Co., Farmers Group, Inc., National Association of Mutual Ins. Companies, Property Casualty Ins. Assoc. of America, Nationwide Ins. Company, Assoc. of Tennessee Life Ins. Companies, Kemper Corporation

DATE OF THE EVENT

January 15, 2014

BRIEF DISCRIPTION OF THE EVENT

Insurance legislative reception.

TOTAL AGGREGATE COST PAID FOR THE EVENT

\$19,918.78 (\$14,944.50 w/o tax and gratuity)

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.

\$50

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
Independent Insurance Agents of Tennessee, Inc.		2500 21st Ave. S., Ste. 200, Nashville, TN 37212	615-385-1898	\$2,213.20
Tennessee Farmers Mutual Insurance Company		147 Bear Creek Pike, Columbia, TN 38401	931-388-7872	\$2,213.20
State Farm Mutual Auto Ins. Co.		One State Farm Plaza, A-3, Bloomington, IL 61710	309-766-3004	\$2,213.20
Farmers Group, Inc.		22 Inverness Center Parkway, Birmingham, AL 35424	205-241-7436	\$2,213.20

TOTAL COST OF EVENT: \$19,918.78

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

1/28/14

 Date



 Signature

1/28/14

 Date



 Signature

1-28-14

 Date



 Signature

1-28-14

 Date

**ADDENDUM TO IN-STATE EVENT DISCLOSURE FORM
FOR EMPLOYERS OF LOBBYISTS & LOBBYISTS**

6. NAMES, ADDRESSES, PHONE NUMBERS AND ALLOCATION OF COSTS FOR EACH OF THE EMPLOYERS OF LOBBYISTS OR LOBBYISTS WHO CONTRIBUTED TO THE COSTS OF THE EVENT.

Name of Employer or Lobbyist	Address	Phone Number	Individual Costs Paid
National Association of Mutual Insurance Companies	3601 Vincennes Road Indianapolis, IN 46267	317-875-5250	\$2,213.20
Property Casualty Insurance Association of America	6636 Church St., Ste. 300 Douglasville, GA 30133	(770) 949-1776	\$2,213.20
Nationwide Insurance Company	7100 Commerce Way, Suite 195 Brentwood, TN 37027	(615) 902-6159	\$2,213.20
Association of Tennessee Life Insurance Companies	P.O. Box 7001 Crossville, TN 38557		\$2,213.20
Kemper Corporation	One East Wacker Drive Chicago, IL 60601	312-661-4558	\$2,213.20

TOTAL COST OF EVENT: \$19,918.78

7. 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] ATLIC 1-27-14
Signature Date

[Signature] DCI 1-28-14
Signature Date

[Signature] Nationwide 1/28/14
Signature Date

[Signature] 1/28/14
Signature Date

Signature Date

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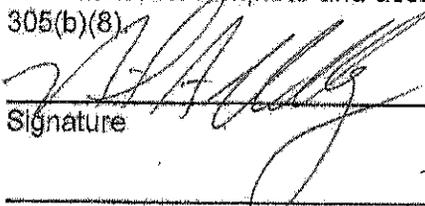
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I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report as required by T.C.A. § 3-6-305(b)(8).

Signature  Date 1/29/14

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____