Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

SECRETARY OF TH

01 SEP 28 PM

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ 1. Effective Date of Registration _____

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Robert E. Loftus

Address 117 5th St SE

City Wash State DC Zip 20003

4. Principal place of business (if different from line 3)

City State/Zip (or Country)

5. Telephone number and contact name

(202) 543-8636 Contact Robert Loftus E-mail (optional) REL

6. General description of registrant's business or activities

Consultant

CLIENT

*A **Lobbying firm** is required to file a separate registration for each client. **Organizations employing in-house lobbyists** should labeled "Self" and proceed to line 10.* ☐ *Self*

7. Client name CUNA Mutual Group

Address 5901 Mineral Point Road

City Madison State Wisconsin Zip

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

9. General description of client's business or activities

Insurance

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any this section has served as a "covered executive branch official" or "covered legislative branch official" within tw acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if appli
Robert Loftus	Director, Public & C
	Affairs, National Credit
	Administration

Form LD-1 (Rev. 06/98)

Registrant Name Robert Loftus Client Name CUNA Mutual Gro

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LI

INS TAX

12. Specific lobbying issues (current and anticipated)

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of tl a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbyin

☑ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each enti the criteria above, then proceed to line 14.

Name	Address	Principal Place of B (city and state or c

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest ir of the lobbying activity?

☑ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for matching the criteria above, then sig registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature Robert E. Loftus Date 9/28/01

Printed Name and Title Robert E. Loftus

Form LD-1 (Rev. 06/98)

[redacted]