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 the Senate
Received: Jun 04, 2007

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration Feb 06, 2007

2. House Identification Number 34980

Senate Identification Number 54197-1002335

REGISTRANT

3. Registrant Name: QUINN GILLESPIE & ASSOC
Address: 1133 Connecticut Ave, NW 5th Floor
City: Washington State: DC Zip: 20036

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

5. Telephone number and contact name:
2024296871 Contact: LIZ MCCURTAIN
E-mail(optional): lmccurtain@qga.com

6. General description of registrant's business or activities:
Consulting/Lobbying

CLIENT

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

☐ Self

7. Client name: STATE FARM INSURANCE
Address: 1 STATE FARM PLAZA, A3
City: BLOOMINGTON State: IL Zip: 61710

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

9. General description of client's business or activities:
Auto, Fire, Life and Health 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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name: CONNAUGHTON, JEFF
Covered Official Position (if applicable): N/A
Name: GILES, ALLISON
Covered Official Position (if applicable): CHIEF OF STAFF, HOUSE WAYS & MEANS COMMITTEE
Name: GILLESPIE, ED
Covered Official Position (if applicable): N/A
Name: HOGAN, ELIZABETH
Covered Official Position (if applicable): SPECIAL ASSISTANT, DEPARTMENT OF COMMERCE
Name: HOGUE DUFFY, BONNIE
Covered Official Position (if applicable): N/A
Name: HOPPE, DAVE
Covered Official Position (if applicable): N/A
Name: HUSSEY, MIKE
Covered Official Position (if applicable): N/A
Name: JAMES MELVIN, HARRIET
Covered Official Position (if applicable): N/A
Name: KAYES, KEVIN
Covered Official Position (if applicable): CHIEF COUNSEL, SENATOR HARRY REID
Name: LAMPKIN, MARC
Covered Official Position (if applicable): N/A

Name: LUGAR, DAVID
Covered Official Position (if applicable): N/A
Name: MADUROS, NICK
Covered Official Position (if applicable): N/A
Name: MCCANNELL, CHRIS
Covered Official Position (if applicable): CHIEF OF STAFF, CONGRESSMAN JOE CROWLEY
Name: ORTIZ, MANUEL
Covered Official Position (if applicable): N/A
Name: QUINN, JOHN
Covered Official Position (if applicable): N/A

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1:

INS

12. Specific lobbying issues (current and anticipated):

Hurricane Katrina claim investigations

AFFILIATED ORGANIZATIONS

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

☒ No, then go to line 14.

☐ Yes, then complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

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; **OR**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes 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 in the outcome of the lobbying activity?

☒ No, then sign and date the registration.
☐ Yes, then complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Signature: ON FILE Date: Jun 04, 2007

Printed Name and Title: -