Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration March 18

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name The Michael Lewan Company

Address 1201 Pennsylvania Ave, NW Ste 315

City Washington State DC Zip 2000

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

City _____ State/Zip (or Country) _____

5. Telephone number and contact name

(202) 347-2222 Contact Michael Lewan E-mail (optional) _____

6. General description of registrant's business or activities

Government Affairs

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists shoul

labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name The Hartford Financial Services Group

Address 690 Asylum Street, Hartford Plaza

City Hartford State CT Zip 06105

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

City _____ State/Zip (or Country) _____

9. General description of client's business or activities

Provider of Property & Casualty 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 an this section has served as a "covered executive branch official" or "covered legislative branch official" within 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 ap
Michael Lewan	
Anne Saunders	



Registrant Name Michael Levan Co. Client Name The Hartford

LOBBYING ISSUES

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

TOR

12. Specific lobbying issues (current and anticipated)

ASBESTOS LIABILITY LEGISLATION

AFFILIATED ORGANIZATIONS

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

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

Name	Address	Principal Place of (city and state or

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 1
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finance 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 of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇨ Complete the rest of this section f matching the criteria above, then s registration.

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

Signature Michael Levan Date 4/2/03

Printed Name and Title Michael Lewan, President