

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration Mar 22, 2007

2. House Identification Number 34980

Senate Identification Number 54197-1002341

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@gga.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: METLIFE
Address: 1620 L STREET, NE, SUITE 800
City: WASHINGTON State: DC Zip: 20036

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

9. General description of client's business or activities:
Insurance and Financial Service Provider

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

Registrant Name: QUINN GILLESPIE & ASSOC Client Name: METLIFE

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):

Terrorism Risk Insurance Long Term Care Insurance

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 period in 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: -