

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, D.C. 20009

Year 2012

- Original
 Amendment

LOBBYIST ACTIVITY REPORT *

(See reverse side for instructions) ID# _____

Type of Report: January 2013 If you are filing a January Report please indicate, if you intend to lobby in the upcoming calendar year. Yes No
 July _____

1. (a) Registrant's Name Aetna Insurance Company (b) Daytime Phone Number 301-873-2150
410-401-9553
(c) Permanent Address 4401 Gregg Rd., Brookeville, MD 20833
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) N/A
(Street Address) (City, State, Zip Code)

2. Lobbyist (s) Working for Registrant: Attach an OCF Supplemental Sheet if additional space is needed.

- (a) Name Kevin Wrege c/o Pulse Issues & Advocacy LLC (b) Name _____
Address 4410 Mass. Ave., NW, #150 Address _____
(Street Address) (Street Address)
Wash., DC 20016 _____
(City, State, Zip Code) (City, State, Zip Code)
Daytime Phone Number 202-625-1787 Daytime Phone Number _____

3. Person Compensating Registrant

- (a) Name N/A (b) Daytime Phone Number _____
(c) Address _____
(Street Address) (City, State, Zip Code)
(d) Nature of Business _____

4. Terms of Compensation: (a) \$4,000/mo. retainer (b) 1/1/12-12/31/12
Salary Duration of Employment

5. Identify matter(s) by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach an OCF Supplemental Sheet if additional space is needed.

Health insurance, HMO and health care issues.

* REMINDER - Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15th of each year.

6. Identify the official and title, if known, in the Executive or Legislative Branch with whom the registrant has had oral or written communication during the reporting period relating to lobbying activities, and the date that communication was made. Attach an OCF Supplemental Sheet if additional space is needed.

Name <u>(see attached.)</u>	Date _____
Name _____	Date _____

- 7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting period: \$ _____
(Schedule A)
- 8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$ _____
(Schedule A-1)
- 9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$ _____
(Schedule A-2)
- 10. Total receipts (Add Lines 7, 8, and 9) \$ _____
- 11. Total of expenditures made for purposes of lobbying during the reporting period: \$ 24,000
(Schedule B)
- 12. Total of other expenditures related to lobbying activities: \$ _____
(Schedule B-1)
- 13. Total expenditures (Add Lines 11 and 12) \$ 24,000

OFFICE OF CAMPAIGN FINANCE
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1
SCHEDULE A – COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:

YEAR: _____

Type of Report: January _____ July _____

Period Covering: _____ through _____

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: N/A

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)					TOTAL THIS PERIOD (FEES/COMPENSATION)	CUMULATIVE TOTAL (FEES/COMPENSATION)
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
TOTAL RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 7)					\$	\$

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET (SEE REVERSE SIDE FOR INSTRUCTIONS)

OFFICE OF CAMPAIGN FINANCE

LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT **PAGE 1 OF 1**
SCHEDULE A-1 – LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR
LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:

YEAR: _____

Type of Report: January _____ July _____

Period Covering: _____ through _____

LOBBYIST/EMPLOYEE LOBBYIST'S
 NAME: _____ N/A

OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR LOBBYIST ACTIVITIES IN THE DISTRICT								
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL	
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$	\$	\$	\$	\$	\$	\$	
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL	
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$	\$	\$	\$	\$	\$	\$	
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	CUMULATIVE TOTAL	
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$	\$	\$	\$	\$	\$	\$	
CUMULATIVE EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER						TOTAL THIS PERIOD	TOTAL	
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$	\$	\$	\$	\$	\$	\$	
TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING						\$	\$	
(CARRY TOTAL FORWARD TO LINE 8)								

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1 (SEE REVERSE SIDE FOR INSTRUCTIONS)

OFFICE OF CAMPAIGN FINANCE
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE 1 OF 1
SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST
YEAR: _____

Type of Report: January _____ July _____

Period Covering: _____ through _____

LOBBYIST/EMPLOYEE LOBBYIST NAME: _____ N/A

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY . N/A					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN TOTAL
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$		\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER						
LOAN						
\$	\$	\$	\$		\$	\$
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					\$	\$

IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET
 (SEE REVERSE SIDE FOR INSTRUCTIONS)

**OFFICE OF CAMPAIGN FINANCE
LOBBYIST ACTIVITY REPORT**

SCHEDULE C

YEAR 2012

(See reverse side for Instructions)

Type of Report: January 2013 July _____

Covering Period 7/1/12 through 12/31/12

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: Aetna Ins. Co.

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT
	N/A	

I, the undersigned, declare under oath and on penalty of perjury that the statements contained on this Lobbyist Activity Report are to the best of my knowledge, true, correct, and complete.

Joseph Winn
 Signature of Registrant (or, if not an individual, an authorized officer or agent* of registrant must sign).

***The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.**

Subscribed and sworn to before me on this 4th day of Jan, 2013

Shahin Molkara
 Notary Public

My commission Expires: _____

**SHAHIN MOLKARA
 NOTARY PUBLIC
 MONTGOMERY COUNTY
 MARYLAND
 MY COMMISSION EXPIRES 08/10/2015**

1.10.13 Pulse/Aetna filing of DC BEGA Lobbying Activity Form, Pt. 6

Aetna Lobbying Communications as Defined Under DC BEGA Form Pt 6 From 7/1/12 – 12/31/12

10/9:

Brendan Rose, Health Policy Analyst, DISB

William White, DISB Commissioner

11/23:

Ed Fisher, PSCA Committee Director

Phil Barlow, Associate Commissioner, DISB

11/26:

Andre Beard, DISB, Affordable Care Act Policy Analyst

12/5:

Brendan Rose, Health Policy Analyst, DISB

Janene Jackson, Director, OPLA