



In-State Event Disclosure Form

Instructions: This form is for employers of lobbyists or lobbyists to report the costs of in-state events, where the entire membership of the General Assembly is invited, permissible under T.C.A. § 3-6-305 (b) (8). A copy of the invitation must be delivered to the Tennessee Ethics Commission at least seven (7) days prior to the event. The In State Event Disclosure statements must be filed within thirty (30) days following the event. If two (2) or more employers of lobbyists or lobbyists pay for the costs of the event, the costs may be consolidated on this form; provided that specification is made as to the allocation of the costs among the employers or lobbyists. Such employers or lobbyists shall remain individually accountable for the timeliness and accuracy of the consolidated form. Please note that the information listed on this statement will be posted on the Commission's website.

Note: This form is able to be typed in and saved to your computer. Upon completion, you may e-mail it to emily.alexander@tn.gov.

EVENT HOSTED BY

Independent Insurance Agents of Tennessee, Inc.; Tennessee Farmers Mutual Insurance Company; State Farm Mutual Auto Insurance Company; National Association of Mutual Insurance Companies; Property Casualty Insurance Association of America; Nationwide Insurance Company; Association of Tennessee Life Insurance Companies

DATE OF THE EVENT

January 13, 2016

BRIEF DISCRIPTION OF THE EVENT

Insurance Legislative Reception

TOTAL AGGREGATE COST PAID FOR THE EVENT

\$18,334.02

LIST THE COST FOR THE EVENT BASED ON THE NUMBER OF PERSONS INVITED. NOTE: THIS COST SHOULD NOT EXCEED \$58 PER PERSON, EXCLUDING SALES TAX AND GRATUITY.

\$42.85 (\$13,755.50 w/o tax and gratuity)

FILL IN THE CHART BELOW ACCORDINGLY FOR EACH EMPLOYER OR LOBBYIST OR PERSONS WHO CONTRIBUTED TO THE EVENT. NOTE: THE COST SHOULD NEVER BE ZERO (\$0).

| Employer or Lobbyist Name | Employer or Lobbyist | Address | Phone Number | Individual Cost Paid |
|---|----------------------|---|--------------|----------------------|
| Independent Insurance Agents of Tennessee, Inc. | | 2500 21st Ave. S, Ste. 200, Nashville, TN 37212 | 615-515-2606 | \$2,619.15 |
| Tennessee Farmers Mutual Insurance Company | Ben Sanders | 147 Bear Creek Pike, Columbia, TN 38401 | 931-388-7872 | \$2,619.15 |
| State Farm Mutual Auto Insurance Company | | One State Farm Place, Bloomington, IL 61710 | 309-766-3004 | \$2,619.15 |
| | | | | |

TOTAL COST OF EVENT: \$18,334.02

TO BE SIGNED BY EMPLOYER OF LOBBYIST OR LOBBYIST:

I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report as required by T.C.A § 3-6-305(b)(8).

Ben Sanders
Signature

1/18/2016
Date

[Signature] (IND. INS.)
Signature

1-21-16
Date

Signature

Date

Signature

Date

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Signature

Date

Signature

Date

Signature

D. S. White

Date

1/21/16

Signature

Date

**ADDENDUM TO IN-STATE EVENT DISCLOSURE FORM
FOR EMPLOYERS OF LOBBYISTS & LOBBYISTS**

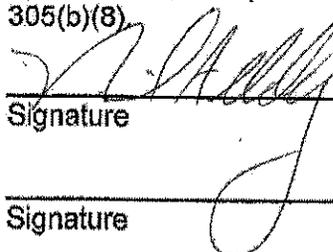
6. NAMES ADDRESSES, PHONE NUMBERS AND ALLOCATION OF COSTS FOR EACH OF THE EMPLOYERS OF LOBBYISTS OR LOBBYISTS WHO CONTRIBUTED TO THE COSTS OF THE EVENT.

| Name of Employer or Lobbyist | Address | Phone Number | Individual Costs Paid |
|--|--|----------------|-----------------------|
| National Association of Mutual Insurance Companies | 3601 Vincennes Road Indianapolis, IN 46267 | 317-875-5250 | \$2,619.15 |
| Property Casualty Insurance Association of America | 6636 Church St., Ste. 300 Douglasville, GA 30133 | (770) 949-1776 | \$2,619.15 |
| Nationwide Insurance Company | 7100 Commerce Way, Suite 196 Brentwood, TN 37027 | (615) 902-6159 | \$2,619.15 |
| Association of Tennessee Life Insurance Companies | P.O. Box 7001 Crossville, TN 38557 | | \$2,619.15 |

TOTAL COST OF EVENT: \$18,334.02

7. TO BE SIGNED BY EMPLOYER OF LOBBYIST OR LOBBYIST:

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NAME
 Signature _____ Date 1/15/16
 Signature _____ Date _____
 Signature _____ Date _____
 Signature _____ Date _____
 Signature _____ Date _____

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Signature Date

Signature Date

Robert J. Paul

1/15/16

Signature Date

Signature Date

Signature Date

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① _____
Signature Date

② _____
Signature Date

③ _____
Signature Date

④ ATUC by [Signature], President 1-15-16
Signature Date

Signature Date