

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 2 8 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyis	t(s) Christopher Stark				
II. Name of lobbyis	t's partnership, firm or co	rporation, if any:			
National Associa	ation of Mutual Insuranc	e Companies (NAMIC)		
(N	ame of partnership, firm or corp	poration)			
3601 Vincennes Rd		Indianapolis	IN	46268	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(317) 875-5250			e-mail lobbying@aristotle.com		
(Telephone)	(Fax)			
reportable expense	transactions which are no	t attributable to a	ny one client).	ı may file a separate report for	
★ All reportable tra	ansactions occurring in the n	nonths prior to the	reporting date relative t	to the following client:	
National Associa	ation of Mutual Insuranc				
(Full Name of Client as it appears on the Lobbyist Registration Form) OR					
		cluding the lobbyi	st's family), or the lobb	ying firm listed below which are	
IV. Date of Report	April 24, 2019 🗌		July 31, 2019 □		
Reports cover: act	ivity from date of registration i			ivity from 4/1/19 to 6/30/19	
	October 30, 2019 activity from 7/1/19 to 9/30/1			January 29, 2020 ⊠ tivity from 10/1/19 to 12/31/19	
If this box is checked	en no fees received and n d, complete just this form and 204, Concord, NH 03301.				
VI. Check if addition	onal reports are attached:				
	ived fees or made expenditu	res, you must file	Addendum A- Fees an	d Expenses	
☐ If you have paid Expense Reimburser	an honorarium or reimburse nent	ed expenses, you n	ust file Addendum B-	Report of Honorariums or	
☐ If you, your firm	n, or your family has made p	olitical contributio	ns, you must file Adder	ndum C- Political Contributions	
I have read RSA 15, and complete to the l	best of my knowledge and my knowledge a		oy swear or affirm that t	the foregoing information is true Date)	
Christopher Star					
(Print Name of lobb	yist)				