

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

OCT 2 3 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist	(s) Kathleen Garre	tt Loughran					
II. Name of lobbyist	's partnership, firm or	corporation, if any	:				
Anthem, Inc. &	ts Affiliates						
	me of partnership, firm or	corporation)					
1155 Elm St, ST	E 200	Manchester		NH	03101		
Business Address: (S	treet)	(Town/City)		(State)	(Zip Code)		
(603) 541-2071	071 ()e-mail kathleen.loughran@anthem.com						
(Telephone)		(Fax)					
reportable expense t	overs: (Choose one – 1 ransactions which are nsactions occurring in the	not attributable to	any one client).	nay file a separate report the following client:		
Anthem, Inc. & Its	Affiliates						
OR	(Full Name of Client as	s it appears on the Lobb	yist Registration	Form)	 		
		t (including the lobby	vist's family), o	or the lobbyin	ng firm listed below which		
IV. Date of Report Reports cover: acti	April 29, 2020 wity from date of registrat	April 29, 2020 from date of registration to 3/31/20		July 29, 2020			
	October 28, 2020 activity from 7/1/20 to 9/		January activity from 1	27, 2021 🛘 <i>0/1/20 to 12/3</i>	1/20		
If this box is checked,	n no fees received an complete just this form 04, Concord, NH 03301	and submit it to the			the last report. 107 North Main Street,		
VI. Check if addition	nal reports are attache	ed:					
	ved fees or made expen		Addendum A	- Fees and I	Expenses		
☐ If you have paid : Expense Reimbursem		oursed expenses, you	must file Adde	endum B R	eport of Honorariums or		
☐ If you, your firm,	or your family has made	de political contribut	ions, you must	file Addend	lum C- Political Contribut		
I have read RSA 15, I and complete to the b	est of my knowledge ar word Locka	and RSA 664 and her	eby swear or a	ffirm that the	e foregoing information is a		
Kathleen Garret	t Loughran						

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: A	nthem, Inc. & Its Affiliates
Name of Client (leave blank if Statement is for the part particular client): Anthem, Inc. & Its Affiliates	
Date of Report (check one):	
April 29, 2020 □ July 29, 2020 □ Octobe	er 28, 2020 🗹 January 27, 2021 🗆
I have read RSA 15, RSA 15-B, RSA 664, the Statement the following Addendums submitted with that Statement submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	on the Statement and each Addendum is true and
(Signature of lobbyist)	10 21 3020 (Date)
Kathleen Garrett Loughran	
(Print Name of lobbyist)	