HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
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Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Lum	Lori Ann	C.	544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 2300			EMAIL llum@wik.com
(City)	(State)		(Zip Code)
Honolulu	HI		96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Watanabe Ing LLP			544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 2300			EMAIL
(City)	(State)		(Zip Code)
Honolulu	HI		96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Property Casualty Insurers Association of America		(916) 449-1370
MAILING ADDRESS (Street)		FAX
1415 L Street, Suite 670		EMAIL
(City)	(State)	(Zip Code)
Sacramento	CA	95814-3972
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Mark Sektnan		(916) 449-1370
MAILING ADDRESS (Street)		FAX
1415 L Street, Suite 670		EMAIL mark.sektnan@acicnet.org
(City)	(State)	(Zip Code)
Sacramento	CA	95814-3972

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☑ Consumer Protection & Commerce	☐ Hawaiian Affairs	☑ Labor & Employment	☑ Transportation
☐ Culture, Arts, Historic Preservation	☐ Health	☐ Planning, Land & Water Use Management	☑ Other: (indicate below) Insurance
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Ani Ann L Dum — 3/04/16

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Mark Sektnan	Vice President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Property Casualty Insurers Association of America	(916) 449-1370
MAILING ADDRESS (Street)	FAX
1415 L Street, Suite 670	EMAIL mark.sektnan@acicnet.org

(City)	(State)	(Zip Code)
Sacramento	CA	95814-3972

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

[signature] — 3/7/2016

(Signature of Authorizing Officer or Person Represented) (Date)