



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

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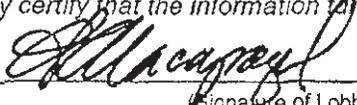
**LOBBYIST REGISTRATION FORM**

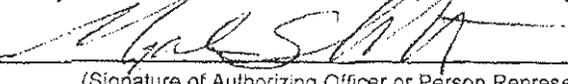
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Macapagal	Annie	L.	544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 2300			EMAIL
			<a href="mailto:amacapagal@wik.com">amacapagal@wik.com</a>
(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 Seknan			(916) 449-1370
MAILING ADDRESS (Street)			FAX
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			<a href="mailto:mark.seknan@aicnet.org">mark.seknan@aicnet.org</a>
(City)	(State)	(Zip Code)	
Sacramento	CA	95814-3972	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (Indicate below) <u>Insurance</u>
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
 (Signature of Lobbyist)	3/04/16 (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@aicl.net.org	
(City)	(State)	(Zip Code)
Sacramento	CA	95814-3972
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
 (Signature of Authorizing Officer or Person Represented)	3/7/2016 (Date)	