



## 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](mailto:emily.alexander@tn.gov).

### EVENT HOSTED BY

TN Health Insurance Industry

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### DATE OF THE EVENT

January 14, 2015

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### BRIEF DISCRIPTION OF THE EVENT

breakfast reception

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### TOTAL AGGREGATE COST PAID FOR THE EVENT

\$6,797.54

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**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.**

\$45.32

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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 |
|---------------------------|----------------------|--|--------------|----------------------|
| 1 UnitedHealth Group      | Sherri Giorgio       | 10 Cadillac Drive Suite 200 Brentwood TN 37027 | 615-372-3613 | \$1,100              |
| 2 Atena                   | Scott White          | 151 Farmington Avenue Hartford, CT 06156       | 860-273-0123 | \$1,000              |
| 3 Cigna                   | Mandy Young          | 900 Cottage Grove Rd Bloomfield CT 06002       | 860-226-6000 | \$1,100              |
| 4 Humana                  | Holly Salmons        | 500 West Main Street Louisville, KY 40202      | 502-580-1000 | \$1,100              |

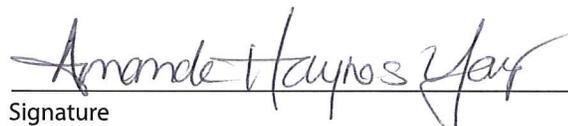
TOTAL COST OF EVENT: \$ \_\_\_\_\_

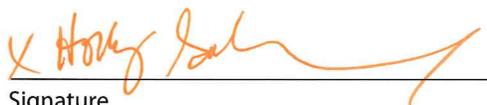
**TO BE SIGNED BY EMPLOYER OF LOBBYIST OR LOBBYIST:**

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).

1  \_\_\_\_\_  
Signature Date 2/2/15

2  \_\_\_\_\_  
Signature Date 2/2/15

3  \_\_\_\_\_  
Signature Date 2/3/15

4  \_\_\_\_\_  
Signature Date 2/2/15

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 |
|-------------------------------------|----------------------|---|--------------|----------------------|
| Blue Cross Blue Shield of Tennessee | David Locke          | 1 Cameron Hill Circle Chattanooga, TN 37402 | 423-535-5600 | \$1,100              |
| TRH Health Plans                    | Ben Sanders          | 147 Bear Creek Pike Columbia, TN 38402      | 931-388-7872 | \$1,397.54           |
|                                     |                      |   |              |                      |
|                                     |                      |   |              |                      |

TOTAL COST OF EVENT: \$6,797.54

**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).

1 David R. Locke  
Signature

2/2/15  
Date

2 Ben Sanders  
Signature

2/4/15  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date