

**REGISTRATION OF PRINCIPAL
EMPLOYING A LOBBYIST**
For Use In 2003

RECEIVED-CITY OF MADISON
CLERKS OFFICE

Return to Office of the City Clerk, 210 Martin Luther King, Jr. Blvd., Room 103, Madison, WI 53703-3342

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Section 1 -- Identification of Principal
"Principal" means any person who employs a lobbyist.

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

Name of Principal

Name of in-house person the City Clerk's Office may contact regarding lobbying issues:

Pierce _____ Cary _____ Network Facilities Manager
Last Name First Name Title

6000 American Parkway, Q18G

Mailing Address

Madison _____ Wisconsin _____ 53783 _____
City State Zip Code

Business Address (if different)

608-249-2111

Contact Phone

608-243-4922

Contact FAX

cpierce@amfam.com
Contact E-mail Address

www.amfam.com

Principal's Internet Address

Person to whom correspondence should be sent (if different from above)

Last Name First Name

Firm or Organization Name

Mailing Address

City State Zip Code

Phone FAX E-mail Address

Section II - Nature and Interest of Principal

Check one of the following and complete only that section:

 Business Entity

Insurance business

Describe the business activity in which the entity is engaged

Chief Executive Officer: Pierce Harvey CEO and Chairman
Last First Title

If partnership or limited liability company, check here and attach list of partners/members. **Industry, Trade or Professional Association**

Describe the industry, trade or profession including any segment thereof which the association exclusively or primarily represents

Chief Executive Officer: _____
Last First Title

Approximate number of members: _____

 Other Not for Profit
 Governmental
 Labor Union
 Charitable/Religious/Civic, etc.
 Other

Briefly describe the organization's purpose and any other group with a common interest which the organization primarily represents

Describe any industry, trade, profession, or group with a common interest which the organization primarily represents or from which the organization's membership or financial support is primarily derived

Approximate number of members: _____

 Individual

Name and address of the individual's employer, if any, or of the individual's primary place of business, if self-employed

Describe the business activity in which the individual or the individual's employer is engaged

Section III - Areas of Lobbying

Provide a reasonably specific narrative summary of areas of legislative and administrative action the principal may attempt to influence:

Issuance of right-of-way license permits under and along various city streets and intersections.

List the City agencies in which the principal seek to influence administration action:

- All None Agencies listed below

Plan Commission, Common Council, Dept. of Planning & Development, Board of Estimates, City Public Works Commission, City Engineering Dept. and related agencies. Alderman Santiago Rosas.

Identify the proposed legislative or administrative action in connection with which the principal has made or intends to make a lobbying communication before December 31.

1. Item: Seek city street right of ways to construct, install and maintain a fiber-optic cable pathway.
 - a. How will this item affect the principal's business or other activity?
Establish a dual fiber-optic cable pathway between our corporate Data Centers. This will ensure ongoing secure and almost instantaneous communications between these locations.
 - b. Which industry, trade, profession or segment or portion thereof would be principally affected?
 - c. If the item is an appropriation, please identify the City program or person for which the appropriation is proposed and the approximate amount, if you know the amount.

For additional items, attach additional sheets.

2. If lobbying communication relates to the capital or operating budget, identify topic or topics.

CAPITAL BUDGET

OPERATING BUDGET

NONE
topic
topic
topic
topic
topic
topic
topic

NONE
topic
topic
topic
topic
topic
topic
topic

Section IV - Authorization of Lobbyists

The following lobbyists are authorized to represent the principal in proposed legislative or administrative action.

- Lobbyist's Name:** John Torpy - Lead Engineer

Mailing Address: Koch Telecom., PO Box 365, Hustisford, WI 53034

Address City State Zip Code

Phone No.: 608-754-7549

Indicate if: **Contract Lobbyists** or **Employee**
- Lobbyist's Name:** Nancy Larson - Communication Engineer

Mailing Address: KTS - Telecom., PO Box 365, Hustisford, WI 53034

Address City State Zip Code

Phone No.: 608-635-9808

Indicate if: **Contract Lobbyists** or **Employee**
- Lobbyist's Name:** Cary Pierce - Network Facilities Manager

Mailing Address: American Family Ins., 6000 American Parkway, Madison, WI 53783

Address City State Zip Code

Phone No.: 608-249-2111

Indicate if: **Contract Lobbyists** or **Employee**
- Lobbyist's Name:** Jerry McAdow - Legal Counsel

Mailing Address: Lathrop & Clark, 740 Regent St., Madison, WI 53715

Address City State Zip Code

Phone No.: 608-257-7766

Indicate if: **Contract Lobbyists** or **Employee**

Section V - Authorized Signer

- Name:** Byrne Chapman *Byrne Chapman*

Position or Relationship to Principal: Vice President, Information Services
- Name:** _____

Position or Relationship to Principal: _____
- Name:** _____

Position or Relationship to Principal: _____
- Name:** _____

Position or Relationship to Principal: _____

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Section IV - Authorization of Lobbyists

The following lobbyists are authorized to represent the principal in proposed legislative or administrative action.

1. Lobbyist's Name: Bill Watkins - Network Engineer Specialist
 Mailing Address: American Family Ins., Madison, WI 53783
 Address _____ City _____ State _____ Zip Code _____
 Phone No.: 608-249-2111
 Indicate if: Contract Lobbyists or Employee

2. Lobbyist's Name: Lee Fanshaw - Gov't Affairs Counsel
 Mailing Address: American Family Ins., Madison, WI 53783
 Address _____ City _____ State _____ Zip Code _____
 Phone No.: 608-249-2111
 Indicate if: Contract Lobbyists or Employee

3. Lobbyist's Name: _____
 Mailing Address: _____
 Address _____ City _____ State _____ Zip Code _____
 Phone No.: _____
 Indicate if: Contract Lobbyists or Employee

4. Lobbyist's Name: _____
 Mailing Address: _____
 Address _____ City _____ State _____ Zip Code _____
 Phone No.: _____
 Indicate if: Contract Lobbyists or Employee

Section V - Authorized Signer

1. Name: Byrne Chapman
 Position or Relationship to Principal: Vice President Information Services

2. Name: _____
 Position or Relationship to Principal: _____

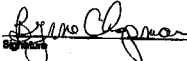
3. Name: _____
 Position or Relationship to Principal: _____

4. Name: _____
 Position or Relationship to Principal: _____

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Section VI - Certification

I certify that the above is true and correct to the best of my knowledge, information and belief, and that I am the registrant or an authorized designee. I understand that I am subject to a forfeiture if I know or believe any of the above information not to be true.



Vice President - Information Services

Signature

Title

Byrne Chapman

February 24, 2003

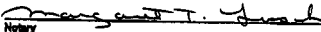
Type or print name as signed above

Date

American Family Mutual Insurance Company, 6000 American Parkway, Madison, Wisconsin
Address & Telephone (if different from first page of this form) 608-249-2111 53783

Individuals permitted to sign documents - Name and position or relationship to the principal of any designee authorized to sign documents submitted to the City Clerk by the organization principal.

Subscribed before me this 26th day of February, 2002, 2003



Notary

Commission expires: 2/12/06