THIS SPACE FOR OFFICE USE PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 RECEIVED OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2929 LOBBYIST REGISTRATION (12/14) FEB 2.8 2017 1. Lobbvist Name Brian Enslow Public Disclosure Commission Permanent Business Address **Business Telephone Numbers** 1919 Arbutus Street NE Permanent (360) 489-8121 Temporary (Cib State Zio Cell Phone (360) 489-8121 or Pager Olympia WA 98506 F-Mail Address Temporary Thurston County address during legislative session brian@arbutusllc.com N/A 3. Employer's name and address (person or group for which you lobby) Employer's occupation, business or description of Anthem Inc. and Its Affiliates purpose of organization Address: 1001 Pennsylvania Ave. NW, Suite 710 Health Care/Insurance Washington, DC 20004 Name and address of person having custody of accounts, receipts, books or other documents which substantiate F-Mail Address ccastro2@multistate.com. lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.) Rachael Rowland, 1001 Pennsylvania Ave. NW, Suite 710, Washington, DC 20004 5. What is your pay (compensation) for lobbying? Description of employment (check one or more boxes) \$ ____3,000 month per Sole duty is lobbying Full time employee (hour, day, month, year) Lobbying is only a part Part time or temporary employee Other: Explain: Contractor, retainer or similar agreement of other duties Unsalaried officer or member of group 6. Are you reimbursed for lobbying expenses? Explain which expenses. Does employer pay any of your lobbying expenses directly? If yes, explain which ones. Yes: per I am reimbursed for expenses. Yes: X No: I am not reimbursed for expenses. 7. How long do you expect to lobby for this organization? Other, Explain: X Permanent lobbyist Only during legislative session 8. Is your employer a business or trade association or organization which lobbies on behalf of its members or a representative entity which lobbies on behalf of businesses, groups, associations, or organizations? If "yes," attach a list showing the name and address of each member or funder who has paid fees, dues or other payments over \$1,450 during either of the past two years or is expected to pay over \$1,450 this year. Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450. No Yes. The list is of parties attached 9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee. Yes. Name of the committee is: 10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.) **Brian Enslow** 11. Areas of interest. Lobbying is most frequent before legislative committee members Remarks: or state agencies concerned with following subjects: CODE SUBJECT CODE SUBJECT Agriculture
Business and consumer affairs 01 09 **Health Care** 10 Higher education 02 03 11 Constitutions and elections Human services

04

05

06

07

Education

Energy and utilities

resources - parks

Financial institutions and

Environmental affairs - natural

12

13

15

16

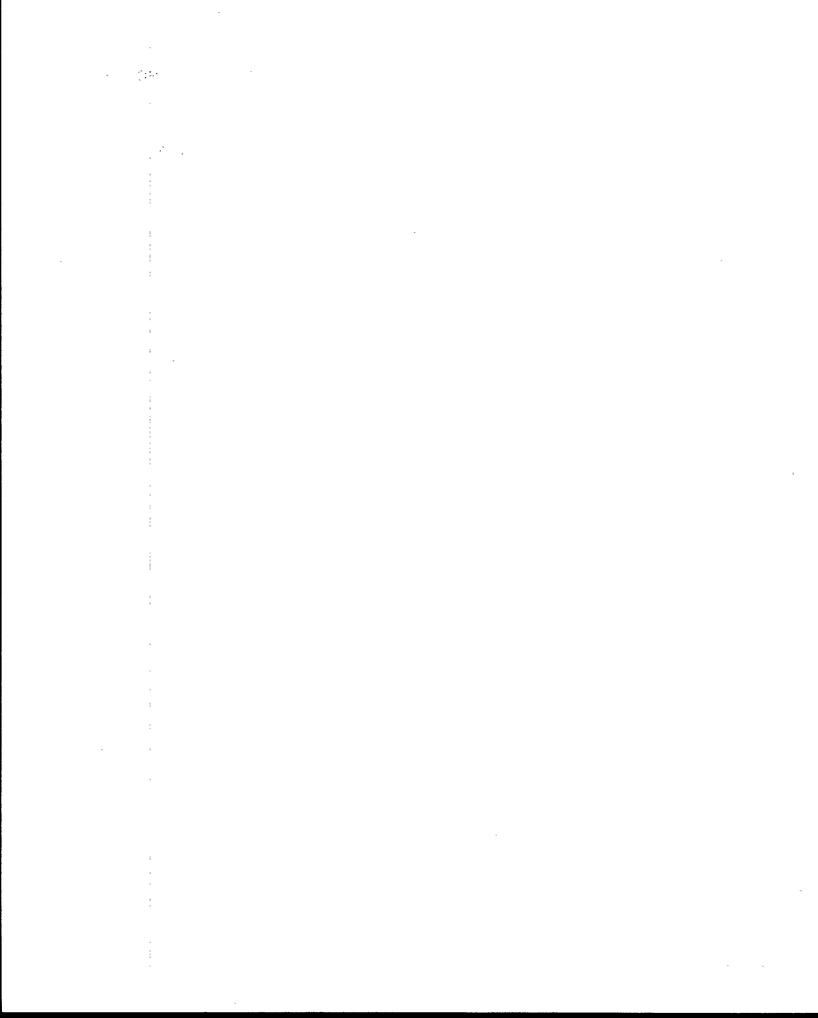
Labor

Law and justice

Technology

Local government

State government



Insurance 08 Fiscal	17 18	Transportation Other - Specify:	
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.			EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.
12. LOBRYIST'S SIGNATURE	.2/2	2/) DATE	EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE BATE ALL COLLEGE CO2/23/
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PDC Form L-1 (rev. 12/14)

NOT VALID UNLESS SIGNED BY BOTH

