

SECRETARY OF THE COMMONWEALTH **LOBBYIST REGISTRATION FORM (Rev. 4/05)**

Please send the original and a copy with a \$50.00 registration fee, made Payable to the Treasurer of Virginia to:

> Secretary of the Commonwealth Attn: Lobbyist Specialist 1111 E. Broad St 4th Floor
> Viroinia 23219

| | 400 | 01145 | A F F | | |
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FOR OFFICE USE ONLY

Date Received ___

Principal Notification Date ___

Fee Paid: Check # ____ Cash_

| Kienmona, virginia | 1 25219 | | | | |
|---|--|--|--|--|--|
| (1) PRINCIPAL: | Genworth Financial, Inc. | | | | |
| (1a) What type of business is the pri | nciple engaged in: | | | | |
| | Insurance | | | | |
| Officer of Principal authorizing your emay not appear in items 2 and 5 of thi | employment as a lobbyist, or to whom your expenditures will be reported. <i>The same name is form.</i> | | | | |
| (2) Name: | Dennis C. La Ganza | | | | |
| (2a) Business Address: | Business Address: 700 12th St NW STE 710, Washington, DC 20005 | | | | |
| (2b) Business Telephone: | (202) 662-2581 | | | | |
| | ALL records, in behalf of the principal, with respect to your lobbying activities for thei stored in another location, please so indicate in the space provided by item 3c. | | | | |
| (3) Name: | Dennis C. La Ganza | | | | |
| | 700 12th St NW STE 710, Washington, DC 20005 | | | | |
| | (202) 662-2581 | | | | |
| | umber of location where records are stored: | | | | |
| | | | | | |
| | | | | | |

Whittington W. Clement, Myles G. Louria, Heidi W. Abbott, Hunton & Williams LLP, Riverfront Plaza, East Tower, 951 E. Byrd St., Richmond, VA 23219 804-788-8200; Dennis C. La Ganza, 700 12th St NW, STE 710, Washington, DC 20005, 202-662-2581

(4) Please list the full name(s), business address(es), and telephone number(s) of all other individual(s) that are registered to

lobby in behalf of the PRINCIPAL listed in item 1 of your registration form.

SECRETARY OF THE COMMONWEALTH LOBBYIST'S REGISTRATION Page Two

| (5) LOBBYIST: | Robert T. Bohannon | | | | |
|--|--|--|--|--|--|
| (5a) Business Address: | | | | | |
| (5b) Business Telephone: | 8047888375 | | | | |
| (5c) E-Mail Address: | | | | | |
| Individual who will retain ALL re | cords, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated stored in another location, please so indicate in the space provided in item 7d. | | | | |
| (6) Name: | Robert T. Bohannon | | | | |
| (6a) Business Address: | | | | | |
| (6b) Business Telephone: | 8047888375 | | | | |
| (7) Matters and purpose for wh | ich you expect to lobby: (be as specific as possible in this response) worth Financial in Virginia. | | | | |
| (8) As a lobbyist, you are: (chec | k one) | | | | |
| Employed (Lobbyist | Employed (Lobbyist is on payroll of principal) | | | | |
| Retained (Lobbyist is | Retained (Lobbyist is not on payroll of principal, but is compensated) | | | | |
| Not Compensated (L | obbyist is not compensated, but expenses may be reimbursed) | | | | |
| (9) If you are <i>employed</i> either pa | art-time or full-time by the principal, please give your job title: | | | | |
| | yist, do state that the information furnished on this registration statement and on any and ached thereto, is to the best of my knowledge and belief, complete and accurate. | | | | |
| Date: 06/24/2015 | Lobbyist's Signature: Robert T. Bohannon (Electronically Signed: 6/24/2015 2:58:17 PM UTC | | | | |