

Lobbyist Registration Form
Louisiana Board of Ethics



Demographic Information:

Title: Mr.

Lobbyist ID: LB00000583

First Name: David

Last Name: Kemmerly

Middle Name: Lee

Change First Name: _____

Change Last Name: _____

Change Middle Name: _____

Branch: Leg and Exec

Address Information:

Street: 500 W. Main St.

City: Louisville

State: Kentucky

Zip Code: 40202

Email: dkemmerly@humana.com

Phone: 502-580-8864 Ext: _____

Fax: 502-508-3320

Employer Information:

Employer Name: Humana Inc.

Address Information:

Street: 500 W. Main St.

City: Louisville

State: Kentucky

Zip Code: 40202

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Information about person, group or organization which you represent:

Representative Name : Humana Inc.

Branch: Leg and Exec

Business Description : Health Insurance

Address: Street: 500 W. Main St.

City: Louisville

State: Kentucky

Zip Code: 40202

Paid by representation: Yes

Payment Category: \$24,999 or less

If **No**, who pays you:

Subject Matter 1: Insurance

Subject Matter 2:

Subject Matter 3:

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Picture:

