

“TRUTH IN TESTIMONY” DISCLOSURE FORM

1. Name: Carolyn C. Cobb		2. Organization or organizations you are representing: American Council of Life Insurers	
3. Business Address and telephone number: 			
4. Have <u>you</u> received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2012 related to the subject on which you have been invited to testify? ☐ Yes ☒ No		5. Have any of the <u>organizations you are representing</u> received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2012 related to the subject on which you have been invited to testify? ☐ Yes ☒ No	
6. If you answered "yes" to either item 4 or 5, please list the source and amount of each grant or contract, and indicate whether the recipient of such grant was you or the organization(s) you are representing. You may list additional grants or contracts on additional sheets.			
7. Signature: Carolyn C. Cobb			

Please attach a copy of this form to your written testimony.