LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

644

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-21-00
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1/1 1518
#102
BSD

1000553

Instructions

- Print in ink or type.
- Complete form and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Emlitski Frank V
   Last First MI

2. BUSINESS PHONE 312 322-9244

3. BUSINESS ADDRESS 1122 Colorado, Suite 100 Austin Tx 78701
   Street and No. City State Zip

   MAILING ADDRESS 1122 Colorado, Suite 100, Austin, Tx 78701
   Street and No. City State Zip

4. EMPLOYER Alliance of American Insurers

5. EMPLOYER'S ADDRESS 3025 Highland Parkway Downers Grove IL 60515
   Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

   1. Name Alliance of American Insurers
      Address 3025 Highland Parkway, Downers Grove IL 60515
      Business or purpose Insurance Trade Association

      ☐ New Representation
      Does this person pay you?

      If No, who pays you?

      ☑ Terminated Representation as of December 31, 1999

Form 601 Rev 6/99

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2. Name _____

Address _____

Business or purpose _____

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation

Does this person pay you?

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

_____

Signature of Lobbyist

Form 501, Rev. 6/89