LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

01

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4-20-00

L. Supp
JH 15546
$10.00
KSD

1000965

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 Haynie, Randy K.
   Last First MI

2. BUSINESS PHONE (225) 336-4143

3. BUSINESSADDRESS P.O. Box 44032, Capitol Station, Baton Rouge, LA 70804
   Street and No. City State Zip

   MAILING ADDRESS same as above
   Street and No. City State Zip

4. EMPLOYER self-employed

5. EMPLOYER'S ADDRESS
   Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No X/A

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 Assurant Group

      Address 11222 Quail Roost Drive, Miami, Florida 33157-6596

      Business or purpose Credit, Insurance

      [X] New Representation
      Does this person pay you? yes

      If No, who pays you?

      [ ] Terminated Representation as of

Form 601, Rev. 6/99

SUPPLEMENTAL REGISTRATION FORM

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2. Name American Claims Expediters

Address 29801 I-45 North, Suite 101, Spring, Texas 77381

Business or purpose Auditing

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of

3. Name Health Watch Technologies, LLC (HWT)

Address One Memorial Drive, Third Floor, Cambridge, MA 02142

Business or purpose Health Claims

☒ New Representation
Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

**** Additional Clients listed on seperate page

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. 6/99

SUPPLEMENTAL REGISTRATION FORM
(Continued)

4) Name: Louisiana Professional Coin Dealers' Association

Address: 2472 West Congress Drive, Lafayette, LA 70506

Business or purpose: Coin Dealers

* New Representation
Does this person pay you? yes

5) Name: National Strategies

Address: 153 Griffith Street, Rochester, New York 14606

Business or purpose: Computer/Advertising

* New Representation
Does this person pay you? yes