LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/6/01
2003 Reg
V# 575658
$110.00 NRS

1011657

Instructions

- Print in ink or type.
- Complete form and return with **$110** registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Calandro (Last) Michele (First) S. (MI)

2. BUSINESSPHONE (225) 295-2294 (Area Code and Phone Number)

3. BUSINESS ADDRESS 5525 Reitz Avenue, Baton Rouge, LA 70809-3802 (Street and No. / City / State / Zip)

MAILING ADDRESS Post Office Box 98029, Baton Rouge, LA 70898 (Street and No. / City / State / Zip)

4. EMPLOYER Blue Cross and Blue Shield of Louisiana

5. EMPLOYER'S ADDRESS Same as above (Street and No. / City / State / Zip)

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (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.

1. Name Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana

   Address 5525 Reitz Avenue, Baton Rouge, LA 70809-3802

   Business or purpose Health Insurance

   Does this person pay you? Yes

   If No, who pays you?

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2. Name HMO Louisiana, Inc.

Address 5525 Reitz Avenue, Baton Rouge, LA 70809-3802

Business or purpose Health Insurance

Does this person pay you? No

If No, who pays you? Louisiana Health Service & Indemnity Company

3. Name Southern National Life Insurance Company, Inc.

Address 5525 Reitz Avenue, Baton Rouge, LA 70809-3802

Business or purpose Life Insurance

Does this person pay you? No

If No, who pays you? Louisiana Health Service & Indemnity Company

4. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

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

ATTACH 2" x 2" PHOTOGRAPH HERE FOR INITIAL REGISTRATION ONLY

Form 300, Rev. 7/2001