LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

111

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/27/02

Ren
✓ 11612 $110.00

102173

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 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 Caballero (Last) Dennis (First) P (MI)

2. BUSINESSPHONE (225) 343-2776 or (225) 755 0606
Area Code and Phone Number

3. BUSINESS ADDRESS 14551 (Street and No.) Highland Road (City) Baton Rouge (State) LA 70810 (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

4. EMPLOYER State National Agency

5. EMPLOYER'S ADDRESS 14551 (Street and No.) Highland Road (City) Baton Rouge (State) LA 70810 (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 State National Fire Insurance Company

Address 451 Florida Street North Tower Suite 1400 BR LA 70801

Business or purpose Insurance

Does this person pay you? ~~No~~ Yes

If No, who pays you?

Form 500, Rev. 10/2002

CARD DELIVERED

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2. Name: Louisiana Insurers' Conference

Address: 451 Florida St. North Tower Suite 1900 BR/LA 70801

Business or purpose: Insurance & Related Death Care Matters

Does this person pay you? NO

If No, who pays you? State National Fire Ins Co

3. Name:

Address:

Business or purpose:

Does this person pay you?

If No, who pays you?

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 600 Rev. 10/2002