LOBBYING SUPPLEMENTAL REGISTRATION FORM
To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4/15/05
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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. BUSINESS ADDRESS **P.O. Box 44032, Capitol Station Baton Rouge, LA 70804**
   Street and No. City State Zip

   MAILING ADDRESS **1465 Ted Dunham Avenue Baton Rouge, LA 70802**
   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

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 **National Association of Independent Insurers**
   Address **2600 River Road, Des Plaines, IL 60018**
   Business or purpose **Property/Casualty Trade Association**

   ☒ New Representation Yes
   Does this person pay you?

   If No, who pays you?

   ☐ Terminated Representation as of

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SUPPLEMENTAL REGISTRATION FORM

2. Name Louisiana Medical Mutual Insurance Company
   Address 111 Veterans Memorial Blvd. Suite 1700, Metairie, LA 70005-3055
   Business or purpose Medical Professional Liability Insurance

   [x] New Representation Yes
   Does this person pay you?

   If No, who pays you?

   [ ] Terminated Representation as of

4. Name ResCare
   Address 10140 Linn Station Road, Louisville, KY 40223
   Business or purpose Disabilities Services

   [x] New Representation Yes
   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. 8/00