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

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 8/29/03
LSUPP
102269.3

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** (Last) **Randy** (First) **K** (MI)

2. BUSINESS PHONE **225-336-4143**

3. BUSINESS ADDRESS **P.O. Box 44032, Capitol Station** (Street and No.) **Baton Rouge, LA** (City) **70804** (State) (Zip)

MAILING ADDRESS **1465 Ted Dunham Avenue** (Street and No.) **Baton Rouge, LA** (City) **70802** (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 **Life Settlement Institute**
Address **7111 Valley Green Road, Fort Washington, Pennsylvania 19034**
Business or purpose **trade organization composed of institutionally-funded life settlement companies**

☒ New Representation **Yes**
Does this person pay you?

If No, who pays you?

☐ Terminated Representation as of

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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_

4. 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 601, Rev. 5/99