LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

41
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6/11/03

LSUPP
10226

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Drive, Third Floor Baton Rouge, Louisiana 70808 Phone (225)763-8777 or 1(800)842-6630. No fee is required.
- 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 Gallagher (Last) Paul (First) T (Mt)

2. BUSINESS PHONE 225) 387-4373

3. BUSINESSADDRESS 521 Laurel (Street and No.) Baton Rouge (City) LA (State) 70802 (Zip)

MAILING ADDRESS P.O. Box 1687 (Street and No.) Baton Rouge (City) LA (State) 70821 (Zip)

4. EMPLOYER self

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

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No X

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 Amerisafe, Inc.

Address 2301 Hwy 190 West, DeRidder, LA 70634

Business or purpose Insurance

☒ New Representation
Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

HAND DELIVERED

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2. Name The Alchemind Group
Address 5518 Moss Side Baton Rouge, LA 70808
Business or purpose Consulting

☒ New Representation
Does this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

3. 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 501, Rev. 7/2001