LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

169
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/30/04
REN
V# 234476
$110
PAB

1040211

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 Calandra (Last) Michele (First) S. (MI)

2. BUSINESS PHONE 225-295-2456 (Area Code and Phone Number)

3. BUSINESS ADDRESS 5525 Reitz Ave, Baton Rouge LA 70809 (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 Ave, Baton Rouge, LA 70809

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 Ave, Baton Rouge, LA 70809

   Business or purpose Health Insurance

   Does this person pay you? NO

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

3. Name Southern National Life Insurance Company Inc.

   Address 5525 Reitz Ave., Baton Rouge, LA 70809

   Business or purpose Life Insurance

   Does this person pay you? NO

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

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

Form 800, Rev. 10/2002