LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist Registration Number

FOR OFFICE USE ONLY
Postmark Date: 12/08/04
Ren. 2005
#1008101
$110.00 WR

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

2. BUSINESSPHONE 225-295-2295 (Area Code and Phone Number)

3. BUSINESS ADDRESS 5525 Reitz Ave. (Street and No.) Baton Rouge (City) LA (State) 70809 (Zip)

MAILING ADDRESS P.O. Box 98029 (Street and No.) Baton Rouge (City) LA (State) 70898 (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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ETHICS ADMINISTRATION
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Form 800, Rev. 10/2002

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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.

Michele S Calandra

Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE

Form 600, Rev. 10/2002