LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 12/15/04
Ren. 2005
J#1960
$110.00 WS

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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 Caballero (Last) Dennis (First) P. (MI)

2. BUSINESSPHONE (225) 343-2776 / (225) 755-0606 (Area Code and Phone Number) N. Tower Ste 1400

3. BUSINESS ADDRESS 451 Florida St. (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

4. EMPLOYER State National Fire Ins Co N. Tower Ste 1400

5. EMPLOYER'S ADDRESS 451 Florida St. (Street and No.) Baton Rouge (City) La (State) 70801 (Zip)

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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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 State National Fire Insurance Company

Address 451 Florida St. N. Tower Ste 1400 Baton Rouge, La 70801

Business or purpose Insurance

Does this person pay you? Yes

If No, who pays you?

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2. Name Dennis P. Caballero DBA State National Agency

Address 14551 Highland Road Baton Rouge, La 70810

Business or purpose INSURANCE

Does this person pay you? yes

If No, who pays you?

3. Name Louisiana Insurance Conference

Address 451 Florida St N. Tower Ste 1400 Baton Rouge, La 70801

Business or purpose Asso Mgt; Govt Relations, Legis Relations

Does this person pay you? NO

If No, who pays you? State National Fire Ins 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.

Dennis P. Caballero

Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE

Form 500, Rev. 10/2002