LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Lobbyist Registration Number

FOR OFFICE USE ONLY
Postmark Date: 02/16/05
Reg. 2005
V#3293
$110.00WT

1050221

ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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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 Beach, Randal M.
   Last First MI

2. BUSINESSPHONE 225-201-0999
   Area Code and Phone Number

3. BUSINESS ADDRESS 855 N. Leighton Dr., Baton Rouge, LA 70806
   Street and No. City State Zip

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

4. EMPLOYER Beach Law Firm, LLC

5. EMPLOYER'S ADDRESS 203 Carondelet #348, New Orleans, LA 70130
   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 Insure Success, LLC

      Address 855 N. Leighton Dr., Baton Rouge, LA 70806

      Business or purpose Insurance consulting group

      Does this person pay you? yes

      If No, who pays you? _____

HAND DELIVERED

Form 500, Rev. 10/2002

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2. Name Louisiana Construction & Industry Self Insurers Fund

   Address 3501 Iberville, New Orleans, LA 70119

   Business or purpose Workers Comp fund

   Does this person pay you? yes

   If No, who pays you? _____

3. Name NHE Managers

   Address PO Drawer 2136, Slidell, LA 70459

   Business or purpose Third-Party Administrator

   Does this person pay you? yes

   If No, who pays you? _____

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.

Randal M. Beard
Signature of Lobbyist