...ING REGISTRATION FORM

To be used for initial registrations and renewals.

Employer's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 03/03/05
Reg. 2005
V#13460
$110.00 US$

1050491

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 Henderson (Last) Robert (First) A (MI)

2. BUSINESSPHONE 850-222-8287 (Area Code and Phone Number)

3. BUSINESS ADDRESS 315 S. Calhoun St. Suite 580 (Street and No.) Tallahassee (City) FL (State) 32301 (Zip)

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

4. EMPLOYER United Services Automobile Association (USAA)

5. EMPLOYER'S ADDRESS 9800 Fredericksburg Road (Street and No.) San Antonio, TX (City) 78288 (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 United Services Automobile Association (USAA)

Address 9800 Fredericksburg Road San Antonio, TX 78288

Business or purpose Insurance + Financial Services

Does this person pay you? yes

If No, who pays you? _____

05 MAR 7 AM 11:39
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED

Form 500, Rev. 10/2002

LOBBYING REGISTRATION FORM

602
Lobbyist's Registration Number

2. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

3. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   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.

Robert A. Hudson
Signature of Lobbyist

Form 500, Rev. 1/1/2002