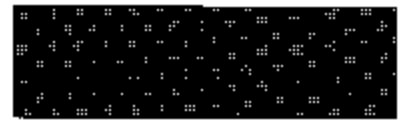
LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



FOR OFFICE USE ONLY
Postmark Date: 05/16/05

LSUPP

1035664

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Johnson (Last) Ronnie (First) L. (MI)

2. BUSINESS PHONE (225) 383-9000

3. BUSINESS ADDRESS One American Place, 14th Floor, Baton Rouge, LA 70825
Street and No. City State Zip

MAILING ADDRESS _____
Street and No. City State Zip

4. EMPLOYER McGlinchey Stafford, PLLC

5. EMPLOYER'S ADDRESS same as above
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

1. Name State Farm Mutual Automobile Insurance Company

Address One State Farm Plaza, Bloomington, Illinois 61710-0001

Business or purpose Insurance

☑ New Representation
Does this person pay you? No

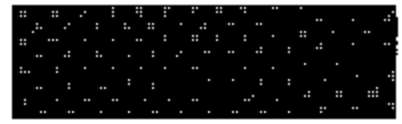
If No, who pays you? McGlinchey Stafford, PLLC

☐ Terminated Representation as of _____

2005 MAY 17 AM 9:53

Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM



2. Name State Farm Fire & Casualty Company

   Address One State Farm Plaza, Bloomington, Illinois 61710-0001

   Business or purpose Insurance

   ☑ New Representation
   Does this person pay you? No

   If No, who pays you? McGlinchey Stafford, PLLC

   ☐ Terminated Representation as of _____

3. Name Mothe Life Insurance Company

   Address Post Office Box 2128, Gretna, Louisiana 70054

   Business or purpose Insurance

   ☑ New Representation
   Does this person pay you? No

   If No, who pays you? McGlinchey Stafford, PLLC

   ☐ Terminated Representation as of _____

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.

Ronnie L Johnson

Signature of Lobbyist

Form 501, Rev. 10/2002