LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

111
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 01/25/06
Rec. 2006
#1893
$110.00 US

1060224

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. BUSINESS PHONE (225) 343-2776 (Area Code and Phone Number)

3. BUSINESS ADDRESS 450 Laurel st Ste 1400 (Street and No.) Baton Rouge (City) LA (State) 70801 (Zip)

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

4. EMPLOYER State National Agency

5. EMPLOYER'S ADDRESS 14551 Highland Road (Street and No.) Baton Rouge (City), LA (State) 70816 (Zip)

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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

Address 450 Laurel st Ste 1400 Baton Rouge, LA 70801

Business or purpose Insurance

Does this person pay you? ~~NO~~ YES.

If No, who pays you? _____

Form 500, Rev. 10/2002

HAND DELIVERED

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2. Name LA Insurers Conference
Address 450 Laurel St Ste 1400 Baton Rouge, La 70801
Business or purpose Association of Insurers
Does this person pay you? NO
If No, who pays you? State National Fire Ins Co

3. Name Kilpatrick Life Ins Co
Address 1811 Marshal St, Shreveport, LA 71101
Business or purpose Insurance
Does this person pay you? NO
If No, who pays you? State National Fire Ins Co

4. Name Mothe Life Ins Co
Address 1601 Belle Chase Hwy Gretna La 70056
Business or purpose Insurance
Does this person pay you? NO
If No, who pays you? State National Fire Ins Co

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 J. Stoller
Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 501, Rev. 10/2002