LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

FOR OFFICE USE ONLY
Postmark Date: 03/10/02
Reg. 2002
#10857
$110.00 US

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 Cox (Last) Barbara (First) F. (MI)

2. BUSINESS PHONE (317) 464-8189 (Area Code and Phone Number)

3. BUSINESS ADDRESS 300 N. Meridian St., Suite 1020 Indianapolis IN 46204 (Street and No. / City / State / Zip)

MAILING ADDRESS 300 N. Meridian St., Suite 1020 Indianapolis IN 46204 (Street and No. / City / State / Zip)

4. EMPLOYER National Conference of Insurance Guaranty Funds

5. EMPLOYER'S ADDRESS 300 N. Meridian St., Suite 1020 Indianapolis IN 46204 (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 National Conference of Insurance Guaranty Funds

   Address 300 N. Meridian St., Suite 1020 Indianapolis IN 46204

   Business or purpose Insurance Trade Association

   Does this person pay you? Yes

   If No, who pays you?

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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.

Barbara F Co

Signature of Lobbyist