LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 05/22/06
LSU PP

1060913

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 5th 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 Cormier (Last) MAXINE (First) ____ (MI)

2. BUSINESS PHONE 225 761-5007

3. BUSINESS ADDRESS P. (Street and No.) ____ (City) ____ (State) ____ (Zip)

MAILING ADDRESS P.O. Box 4625 (Street and No.) - Baton Rouge (City) LA (State) 70821 (Zip)

4. EMPLOYER self - employed

5. EMPLOYER'S ADDRESS ____ (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.

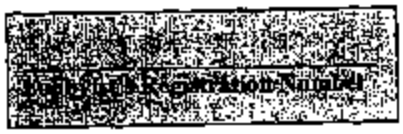
1. Name American Council of Life Insurers
Address 7306 Wimberly Lane Montgomery AL 36117
Business or purpose Life insurance association

☑ New Representation
Does this person pay you? yes

If No, who pays you? ____

☐ Terminated Representation as of ____

Form bel Rev 10/2002



SUPPLEMENTAL REGISTRATION FORM

2. Name Policy Link
   Address 101 Broadway - Oakland, CA 94607
   Business or purpose Housing Studies
   ☑ New Representation
   Does this person pay you? yes
   If No, who pays you?
   ☐ Terminated Representation as of

3. Name
   Address
   Business or purpose
   ☐ New Representation
   Does this person pay you?
   If No, who pays you?
   ☐ 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.

Signature of Lobbyist

Form 601 Rev. 10/2002