LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist Registration Number

FOR OFFICE USE ONLY
Postmark Date: 06/19/06
LSUPP

1060956

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 Cunningham, Kevin E
   Last First MI

2. BUSINESS PHONE (225) 929-7033

3. BUSINESS ADDRESS 8440 Jefferson Hwy, Suite 301 Baton Rouge, La 70809
   Street and No. City State Zip

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

4. EMPLOYER Roedel, Parsons, Blache, Balhoff + McCollister

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_____

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 (See Attachment)

      Address _____

      Business or purpose _____

      ☑ New Representation
      Does this person pay you? _____

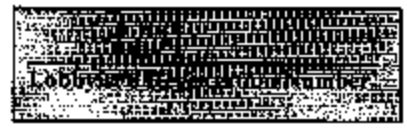
      If No, who pays you? _____

      ☐ Terminated Representation as of _____

Form 061, Rev. 10/2002

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

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 501, Rev. 1/30/07

SUPPLEMENTAL LOBBING LIST OF KEVIN E. CUNNINGHAM **Paying Client

**	HANOVER INSURANCE GROUP 440 Lincoln Street, North 430 Worchester, MA 01653	Insurance