LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1181

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1-15-07
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ETHICS REGISTRATION
CAMPAIGN FINANCE
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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 Beach, Randal M.
Last First MI

2. BUSINESS PHONE 225-201-0999
Area Code and Phone Number

3. BUSINESS ADDRESS 855 N. Leighton Dr., B.R., LA 70806
Street and No. City State Zip

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

4. EMPLOYER Beach Law Firm, LLC

5. EMPLOYER'S ADDRESS (same)
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 Insure Success, LLC

Address 855 N. Leighton Dr., B.R., LA 70806

Business or purpose Insurance consulting

Does this person pay you? yes

If No, who pays you?

Form 600, Rev. 10/2002

LOBBYING REGISTRATION FORM

1187
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2. Name Employers Self Insurers Fund
   Address 855 N. Leighton Dr., B.R., LA 70806
   Business or purpose workers' comp fund
   Does this person pay you? yes
   If No, who pays you?

3. Name Amer. Asso. of Public Ins. Adjusters
   Address 1201 Connecticut Ave. NW, Wash., DC. 20036
   Business or purpose trade association
   Does this person pay you? yes
   If No, who pays you?

4. Name Nexus Managers
   Address 8550 United Plaza Blvd, Ste 702, B.R., LA 70809
   Business or purpose insurance management
   Does this person pay you? yes
   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.

Randa M. Beard
Signature of Lobbyist

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

Form 500, Rev. 1/2002