**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

**To be used for changes to registrations and terminations.**

LOB #273
**Lobbyist's Registration Number**

**FOR OFFICE USE ONLY**
Postmark Date: 2/13/08
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**1072009**

## 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 Fusilier, Julia A.
Last First MI

2. BUSINESS PHONE (225) 381-7700

3. BUSINESS ADDRESS 450 Laurel Street, Suite 1101, Baton Rouge, La. 70801
Street and No. City State Zip

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

4. EMPLOYER Middleberg Riddle & Gianna

5. EMPLOYER'S ADDRESS 450 Laurel Street, Suite 1101, Baton Rouge, La. 70801
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 Louisiana Health Services and Indemnity Company d/b/a Blue Cross Blue Shield of Louisiana

Address 5525 Reitz Ave, Baton Rouge, La. 70809

Business or purpose Insurance

[X] New Representation
Does this person pay you? Yes

If No, who pays you? ____

[ ] Terminated Representation as of ____

Form 501, Rev. 10/2002

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2. Name HMO LA

Address 5525 Reitz Avenue, Baton Rouge, La. 70809

Business or purpose Insurance

[X] New Representation
Does this person pay you? Yes

If No, who pays you?

[ ] Terminated Representation as of

3. Name Southern National Life Insurance Company

Address 5525 Reitz Avenue, Baton Rouge, La. 70809

Business or purpose Insurance

[X] New Representation
Does this person pay you? Yes

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 301, Rev. 04/2002