LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

273
Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 5/5/08
Supp-08

1072283

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 2nd 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, Julie 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 American Memorial Life Insurance Company

      Address 440 Mount Rushmore Road, Rapid City, SD 57701

      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 Assurant/American Bankers Insurance Company of Florida
Address 11222 Quail Roost Drive, Miami, FL 33157-6596
Business or purpose Insurance

☒ New Representation
Does this person pay you? Yes

If No, who pays you?

☐ Terminated Representation as of

3. Name National Cable Television Association
Address 1724 Massachusetts Avenue, Washington, DC 20036
Business or purpose Monitors Cable Related Issues

☐ New Representation
Does this person pay you?

If No, who pays you?

☒ Terminated Representation as of 05/05/08

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 591, Rev. 102002