LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

[redacted]

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Instructions

- Print in ink or type.
- Complete form, have it notarized and return with $10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- 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.
- Complete employer verification form(s) must be submitted for each additional representation.

FOR OFFICE USE ONLY
Postmark Date: 2-10-98

1980067
LSUPP

1. NAME GREMILLION (Last) LEONARD (First) D. (MI)

2. BUSINESS PHONE (504) 566-3798

3. BUSINESS ADDRESS 601 POYDRAS STREET, NEW ORLEANS, LA 70130
Street and No. City State Zip

4. EMPLOYER PAN-AMERICAN LIFE INSURANCE COMPANY

5. EMPLOYER'S ADDRESS 601 POYDRAS STREET, NEW ORLEANS, LA 70130
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes X 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. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THE NAMES ADDED BELOW.

1. Name ____

Address ____

Business or purpose ____

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 1-30-98

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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 _____

State of LOUISIANA

Parish of ORLEANS

Before me, the undersigned authority, personally came and appeared LEONARD D. GRENILLIO who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Leonard D. Grenillion
Signature of Lobbyist

Sworn to and subscribed before me on this 9th day of February, 19 99

Notary Public

Rev. 6/96