EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2005

(Fill in year.)

22

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 01/31/05
Reg. 2005
missing reg. fee & pic.
recv'd reg. fee 05/12/05
V#012217
$110.00 wr

3050069

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 Perron (Last) Phyllis (First) A (MI)

2. BUSINESS PHONE 225 344 0620 (Area Code and Phone Number)

3. FAX NUMBER 225 344 1132

4. BUSINESS ADDRESS 451 Florida St. N. Tower Ste 1400 Baton Rouge, LA 70801 (Street and No. / City / State / Zip)

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

5. EMPLOYER Phyllis Perron & Associates, Inc

6. EMPLOYER'S ADDRESS Same (Street and No. / City / State / Zip)

ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED 2005 JAN 31 AM 10:14

7. 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 Allstate Insurance Company

Address 2775 Sanders Rd Suite A4

Business or purpose Insurance

Does this person pay you? yes

If No, who pays you?

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EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name American Council of Life Insurers
   Address 101 Constitution Ave N.W. Washington DC 20001-2133
   Business or purpose Insurance Trade Assoc.
   Does this person pay you? YES
   If No, who pays you?

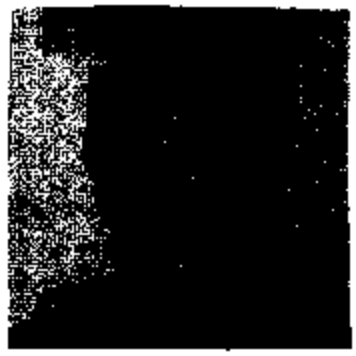
3. Name LWCA Workers' Compensation
   Address P.O. Box 98049 Baton Rouge, LA 70898-9049
   Business or purpose Workers Comp Self Insured Fund
   Does this person pay you? YES
   If No, who pays you?

4. Name LA Life Health Insurance Guaranty Assn.
   Address 951 Florida St, N. Tower, Ste 1400 Baton Rouge LA 70801
   Business or purpose Guaranty Assn
   Does this person pay you? Y
   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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist



Form 504, Rev. 7/04

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EXECUTIVE LOBBYING REGISTRATION/RENEWAL ATTACHMENT FORM

Instructions:

- Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand corner of the page.
- Please identify each page with a page number and indicate the total number of pages being submitted.

1. Name Louisiana Insurers' Conference
   Address 451 Florida St, N. Tower, Ste 1400 Baton Rouge, LA 70801
   Business or purpose Insurance Trade Association
   Does this person pay you? yes
   If No, who pays you?
2. Name Louisiana United Businesses Association
   Address P.O. Box 1302 Tallahassee FL 32302
   Business or purpose Business Trade Association
   Does this person pay you? yes
   If No, who pays you?
3. Name Phyllis Pierce & Associates, Inc.
   Address 451 Florida St North Tower, Ste. 1401 Baton Rouge, LA 70801
   Business or purpose Government Relations/Association Management
   Does this person pay you? yes
   If No, who pays you?
4. Name Reinsurance Association of America
   Address 1301 Pennsylvania Ave, N.W. Suite 900 Washington DC 20004
   Business or purpose Reinsurance Trade Association
   Does this person pay you? yes
   If No, who pays you?

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EXECUTIVE LOBBYING REGISTRATION/RENEWAL ATTACHMENT FORM

Executive Lobbyist Registration No.

Instructions:

- Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand corner of the page.
- Please identify each page with a page number and indicate the total number of pages being submitted.

1. Name Schering Plough External Affairs Inc

   Address 2000 Galloping Hill Road Kenilworth NJ 07033

   Business or purpose Pharmaceutical Manufacturer

   Does this person pay you? yes

   If No, who pays you?

2. Name Wilshire Advisers, LLC Louisiana

   Address One Canal Place, Ste 2300 365 Canal Place N.O. LA 70130

   Business or purpose Asset & Investment Management

   Does this person pay you? yes

   If No, who pays you?

3. Name

   Address

   Business or purpose

   Does this person pay you?

   If No, who pays you?

4. Name

   Address

   Business or purpose

   Does this person pay you?

   If No, who pays you?

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