EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF _____

(Fill in year.)

23

Executive Lobbyist Registration No.

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

3050070

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 Fuselier (Last) Julie (First) R (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 (Street and No) B.R (City) LA (State) 70801 (Zip)

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

5. EMPLOYER Phyllis Perron & Associates, Inc

6. EMPLOYER'S ADDRESS 451 Florida St, N. Tower, Ste 1400 (Street and No) BR (City) LA (State) 70801 (Zip)

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 Co.

Address 2775 Sanders Rd Ste A4 Northbrook IL 60062

Business or purpose Insurance

Does this person pay you? yes

If No, who pays you? _____

ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED 2005 JAN 31 AM 10:01

Form 504, Rev. 7/04

JAN-31-2005 10:26 From: To:2257638780 P.2

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 LUBA Workers' Compensation

Address P.O. Box 98049 B.R LA 70898-9049

Business or purpose Workers Comp Self Insured Fund

Does this person pay you? yes

If No, who pays you?

4. Name Louisiana Insurers' Conference

Address 451 Florida St, N. Tower, Ste 1400 BR LA 70801

Business or purpose Insurance Trade Assn.

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 LSA-R.S. 49:71 et seq. has been deliberately omitted.

Julie Trail

Signature of Lobbyist

JAN-31-2005 10:26 From: To:2257638780 P.3

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 Louisiana Life & Health Insurance Guaranty Assn
   Address 451 Florida St, N. Tower, Ste 1400, B.R. LA 70801
   Business or purpose Guaranty Assn.
   Does this person pay you? yes
   If No, who pays you?
2. Name Louisiana United Businesses Assn.
   Address P.O. Box 1302 Baton Rouge, LA 70804
   Business or purpose Small business Trade Assn.
   Does this person pay you? y
   If No, who pays you?
3. Name Phyllis Perrin & Associates, Inc
   Address 451 Florida St, N. Tower Ste 1400 B.R. LA 70801
   Business or purpose Lobbying and Association Management
   Does this person pay you? yes
   If No, who pays you?
4. Name Reinsurance Association of America
   Address 1301 Pennsylvania Ave NW Ste. 900 Washington DC 20004
   Business or purpose Reinsurance Trade Association
   Does this person pay you? y
   If No, who pays you?

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 Louisiana Advisors
   Address 42 7th Ave 14th Floor New York NY 10018
   Business or purpose Asset and 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?

Form 504, Rev. 7/04

JAN-31-2005 10:26 From: To:2257638788 P.5