EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

Registration Registration No.

FOR OFFICE USE ONLY
Postmark Date: 02/08/05
ESUPP

3050075

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (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 or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

1. NAME COWART (Last) DUANE (First) (MI)

NAME *CHANGE* _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE (225) 819-9945 (Area Code) Phone Number

3. FAX PHONE (225) 819-9942

4. BUSINESS ADDRESS 10935 Perkins Road, Site A (Street and No.), Baton Rouge (City), LA (State) 70810 (Zip)

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

5. EMPLOYER The Cowart Group, Inc.

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

7. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No X

8. 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 The Audubon Insurance Group

Address PO Box 15989, Baton Rouge, LA 70895

Business or purpose Insurance, plan administration

☑ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

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EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM

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 _____

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