EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2006
(Fill in year.)

4
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 01/10/06
Ren. 2006
J# 101297
$110.00 WS

SC00010

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 Vetter (Last) Michael (First) L. (MI)

2. BUSINESS PHONE (770) 923-9898, ext. 260
Area Code and Phone Number

3. FAX NUMBER (770) 923-9703

4. BUSINESS ADDRESS 3100 Breckinridge Blvd., Suite 700, Duluth, GA 30096
Street and No. City State Zip

MAILING ADDRESS 3100 Breckinridge Blvd., Suite 700, Duluth, GA 30096
Street and No. City State Zip

5. EMPLOYER Insurance Services Office, Inc.

6. EMPLOYER'S ADDRESS 3100 Breckinridge Blvd., Suite 700, Duluth, GA 30096
Street and No. City State 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 Insurance Services Office, Inc.

Address 3100 Breckinridge Blvd., Suite 700, Duluth, GA 30096

Business or purpose Insurance Rating Organization

Does this person pay you? Yes

If No, who pays you?

Form 504, Rev. 7/04

EXECUTIVE LOBBYING REGISTRATION FORM

4

Executive Lobbyist Registration No.

2. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

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?_____

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