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

FOR OFFICE USE ONLY
Postmark Date: 01/31/06
Ren. 2006
J# 49909
$110.00 US

3060065

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 Karlinsky, Fred E. (Last / First / MI)

2. BUSINESS PHONE (954) 492-4010 (Area Code and Phone Number)

3. FAX NUMBER (954) 492-1144

4. BUSINESS ADDRESS One Financial Plaza, 23rd Floor, Fort Lauderdale, FL 33394 (Street and No. / City / State / Zip)

MAILING ADDRESS One Financial Plaza, 23rd Floor, Fort Lauderdale, FL 33394 (Street and No. / City / State / Zip)

5. EMPLOYER Colodny, Fass, Talenfeld, Karlinsky & Abate, P.A.

6. EMPLOYER'S ADDRESS One Financial Plaza, 23rd Floor, Fort Lauderdale, FL 33394 (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 American Service Insurance Company ✓

Address 150 Northwest Point Blvd., Elk Grove Village, IL 60007

Business or purpose Insurance

Does this person pay you? yes

If No, who pays you?

EXECUTIVE LOBBYING REGISTRATION FORM

2. Name Cornerstone National Insurance Company ✓

Address 3100 Falling Leaf Court, Suite 200, Columbia, MO 65201

Business or purpose Insurance

Does this person pay you? yes

If No, who pays you?

3. Name FCCI Insurance Group ✓

Address 6300 University Parkway, Sarasota, FL 34240

Business or purpose Insurance

Does this person pay you? yes

If No, who pays you?

4. Name Guy Carpenter & Company, Inc. ✓

Address One Madison Avenue, New York, New York 10010-3658

Business or purpose Insurance

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.

Signature of Lobbyist

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 S. USA Life Insurance Company, Inc. ✓

   Address 460 West 34th Street, New York, New York 10001

   Business or purpose Insurance

   Does this person pay you? yes

   If No, who pays you?

2. Name Universal Casualty Company ✓

   Address 150 Northwest Point Blvd., Suite 200, Elk Grove Village, IL 60007

   Business or purpose Insurance

   Does this person pay you? yes

   If No, who pays you?

3. Name American Vehicle Insurance Company ✓

   Address 3661 West Oakland Park Blvd., Suite 207, Ft. Lauderdale, FL 33311

   Business or purpose Insurance

   Does this person pay you? yes

   If No, who pays you?

4. Name AssuranceAmerica Corporation ✓

   Address 5500 Interstate North Pkwy., 6th Floor, Atlanta, GA 30328

   Business or purpose Insurance

   Does this person pay you? yes

   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 Reinsurance Solutions International, LLC ✓

   Address One Madison Avenue, New York, New York 10010-3658

   Business or purpose Insurance

   Does this person pay you? yes

   If No, who pays you? _____

2. Name Dixon Hughes, PLLC ✓

   Address 19 E. Guilford Street, Thomasville, NC 27361-0992

   Business or purpose Insurance

   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? _____