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EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007

(Fill in year)

FOR OFFICE USE ONLY
Postmark Date: 1-24-07
Rec 2007
#14932
$110
WMI

3061559

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 ERATH (Last) GREG (First) ____ (MI)

2. BUSINESS PHONE (770) 671-2034 (Area Code and Phone Number)

3. FAX NUMBER (770) 399-4154

4. BUSINESS ADDRESS 600 NORTHPARK TOWN CENTER 1200 ABERNATHY RD NE (Street and No.) ATLANTA (City) GA (State) 30328 (Zip)

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

5. EMPLOYER AMERICAN INTERNATIONAL GROUP, INC.

6. EMPLOYER'S ADDRESS 70 PINE ST. (Street and No.) NEW YORK (City) NY (State) 10270 (Zip)

2007 JAN 24 PM 1:5
ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED

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 INTERNATIONAL GROUP, INC

Address SAME AS #6 above

Business or purpose INSURANCE, FINANCIAL & RETIREMENT SERVICES, CONSUMER LENDING

Does this person pay you? YES

If No, who pays you? ____

HAND DELIVERED

Rec: 2/24/07 AAB

EXECUTIVE LOBBYING REGISTRATION FORM

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