(E)

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007
(Fill in year.)

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 1-8-07
Ren 2007
V#103068
$110
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ETHICS COMMISSION CAPITAL FINANCE RECEIVED

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) 3061666

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. #700, Duluth, GA. 30096
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

5. EMPLOYER Insurance Services Office, Inc.

6. EMPLOYER'S ADDRESS 3100 Breckinridge Blvd. #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. #700, Duluth, GA. 30096

Business or purpose Insurance Rating Organization

Does this person pay you? Yes

If No, who pays you?

Rev: 3/7/07 PAB

EXECUTIVE LOBBYING REGISTRATION FORM

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.

Michael Z. Vetter

Signature of Lobbyist