(E)

EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007

(Fill in year.)

44

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY

Postmark Date: 1-11-07

Ren2007
V#52470
$110.
Wm

2007 JAN 22 PM 1:14

RECEIVED

3061881

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 (Last) Fred (First) E. (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, 100 S.E. 3rd Avenue Fort Lauderdale, FL 33394 (Street and No. / City / State / Zip)

MAILING ADDRESS One Financial Plaza, 23rd Floor, 100 S.E. 3rd Avenue 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, 100 S.E. 3rd Ave. 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 Risk Management Solutions, Inc.

Address 7015 Gateway Blvd., Newark, CA 94560

Business or purpose Insurance Modeling Company

Does this person pay you? Yes

If No, who pays you?

Rev: 2/26/07 PBB

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.

_____
Signature of Lobbyist