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EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF 2007

(Fill in year.)

552
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 7/26/07
2007 Reg
#110
#099687

3070250

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 Hill, Kenneth J.
   Last First MI

2. BUSINESS PHONE (214) 390-1825 X223
   Area Code and Phone Number

3. FAX NUMBER (214) 390-1975

4. BUSINESS ADDRESS 2828 E. Trinity Mills Road, Suite 150, Carrollton, TX 75006
   Street and No. City State Zip

   MAILING ADDRESS 2828 E. Trinity Mills Road, Suite 150, Carrollton, TX 75006
   Street and No. City State Zip

5. EMPLOYER Insurance Services Office, Inc. (ISO)

6. EMPLOYER'S ADDRESS 545 Washington Boulevard, Jersey City, NJ 07310
   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. (ISO)

      Address 545 Washington Boulevard, Jersey City, NJ 07310

      Business or purpose Insurance Rating Organization

      Does this person pay you? Yes

      If No, who pays you?

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AUDITED
AUG 07 2007
By: [signature]

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