EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

[redacted]

FOR OFFICE USE ONLY
Postmark Date: 4/10/07
Term. Exec.

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Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form or to add employers or those you represent. It must be submitted within 10 days of any termination of employment or representations.

1. NAME Vetter (Last) Michael (First) L (MI)

NAME CHANGE _____ (Last) _____ (First) _____ (MI)

2. BUSINESS PHONE (770) 923-9898 ext 760 (Area Code) Phone Number

3. FAX PHONE (770) 923-9702

4. BUSINESS ADDRESS 3100 Breckinridge Blvd #700 (Street and No.) Duluth (City) GA (State) 30096-4985 (Zip)

MAILING ADDRESS Same (Street and No.) _____ (City) _____ (State) _____ (Zip)

5. EMPLOYER Insurance Services Office, Inc.

6. EMPLOYER'S ADDRESS 3100 Breckinridge Blvd #700 (Street and No.) Duluth, GA (City) (State) 30096-4985 (Zip)

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7. Have you ceased or terminated all lobbying activities requiring registration? Yes X No ____

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

1) Name Michael L. Vetter

Address 3100 Breckinridge Blvd #700 Duluth, GA 30096-4985

Business or purpose Rating Organization

AUDITED MAR 05 2008 By: _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of May 1, 2007

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2) Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

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