

Louisiana Board of Ethics: Lobbyist Registration Form

Registration Year: 2010 Branch(es): Legislative and Executive

Demographic Information:								
Lobbyist's	Name: JU	JLIE A. FUSILIER				Lobbyist ID:	LB000656	
Name Chan	ige:							
Address: Street:	450 Laurel Str	eet, Suite 1101						
City: Ba	ton Rouge		State:	Louisiana	Zip: 70801			
Phone: 22	5-381-7700	Ext:						

Employer Information: Employer Name: Middleberg Riddle & Gianna

Employer Address:

Fax: 225-381-7730

Street: 450 Laurel Street, Suite 1101

City: Baton Rouge State: Louisiana Zip: 70801

In accordance with LA-R.S. 49:76F(2)(a) a lobbyist's principal or employer may opt to file reports required by the Executive Branch Lobbyist Disclosure Act for all of the lobbyists who represent the principal's or employer's interest. Does the principal or employer opt to file the reports required by the Executive Branch Lobbyist Disclosure Act for this lobbyist? No

If you answered "Yes" on the question above, please provide information for the Contact Person:

Contact Person's Name:

Contact Person's Position:

Contact Person's Phone Number:



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Information about persons, groups, or organizations represented:								
Representative Name: Auto Gap Insura	ance Company							
Description: Insurance Street: 179 Highway 22								
City: Madisonville	State:	Louisiana	Zip : 70447					
Branch: Legislative and Executive Start Date: 5/4/2009 Subject Matters: Insurance	Paid by Representation: If No, who pays you:	Yes Payment Category:	\$25,000 - \$49,999					
Representative Name: Bristol West Ins	urance							
Description: Insurance Street: 10830 Lowell Avenue								
City: Overland Park	State:	Kansas	Zip : 66210					
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Branch: Legislative and Executive Start Date: 5/4/2009 Subject Matters:	Paid by Representation: If No, who pays you:	No Payment Category: Farmers Insurance	\$50,000 - \$99,999					
Insurance Representative Name: Coventry First								
Description: Viatical Settlements Street: 7111 Valley Green Road City: Fort Washington Branch: Legislative and Executive Start Date: 5/4/2009 Subject Matters: Insurance Representative Name: Farmers Insurance	State: Paid by Representation: If No, who pays you:	Pennsylvania Yes Payment Category:	Zip: 19034 \$50,000 - \$99,999					
Description: Insurance			_					
Street: 10830 Lowell Avenue								
City: Overland Park	State:	Kansas	Zip: 66210					
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Branch: Legislative and Executive Start Date: 5/4/2009 Subject Matters: Insurance	Paid by Representation: If No, who pays you:	Yes Payment Category:	\$50,000 - \$99,999					
Representative Name: Foremost Insura	ance							
Description: Insurance Street: 10830 Lowell Avenue								
City: Overland Park	State:	Kansas	Zip: 66210					
Branch: Legislative and Executive Start Date: 5/4/2009 Subject Matters: Insurance	Paid by Representation: If No, who pays you:	No Payment Category: Farmers Insurance	\$50,000 - \$99,999					



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Information about persons, groups, or organizations represented:

Representative Name: Howell & Associates Insurance

Description: Insurance

Street:179 Highway 22City:MadisonvilleState:LouisianaLouisianaZip: 70447

Branch: Legislative and Executive Paid by Representation: Yes Payment Category: \$25,000 - \$49,999

Start Date: 5/4/2009 If No, who pays you:

Subject Matters: Insurance

Representative Name: Med-Express Ambulance Service, Inc.

Description: Medical Transportation

Street: P.O. Box 527

City: Melville State: Louisiana Zip: 77353

Branch: Legislative and Executive **Paid by Representation:** Yes **Payment Category:** \$50,000 - \$99,999

Start Date: 5/4/2009 If No, who pays you:

Subject Matters: Transportation

Information about Business Relationships

Not Applicable

Date Submitted: 1/29/2010 Page 3 of 3 **Lobbyist ID**: LB000656