

Rev. 06/2006

LOBBYIST ANNUAL REPORT FORM

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THIS SPACE FOR OFFICE USE ONLY



State of Idaho
Ben Ysursa
Secretary of State

To Be Filed By:
L-2 LOBBYISTS
(Sec. 67-6619)

07 FEB -9 PM 4:10
SECRETARY OF STATE
STATE OF IDAHO

Annual Semi-Annual

(Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address Jim Werbeckes 9790 Gateway Drive, Suite 100 Reno, Nevada 89521	Date prepared 2/9/2007	Period covered <input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 31 08
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Item 1 Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employer, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 0.00	\$ 0.00	\$	\$	\$
Food and Refreshment	0.00	0.00			
Living Accommodations	0.00	0.00			
Advertising	0.00	0.00			
Travel	0.00	0.00			
Telephone	0.00	0.00			
Other Expenses or Services	0.00	0.00			
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Item 2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group
		None this period		

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
<p>Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code</p> <p>Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.</p> <p>TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	No. 1	Employers Insurance Group 9790 Gateway Dr Ste 100, Reno NV 89521
	No. 2	
	No. 3	
	No. 4	

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.		
	Date	Amount	Name of Legislator, Public or Executive Official Receiving or Benefiting
		None this Period	

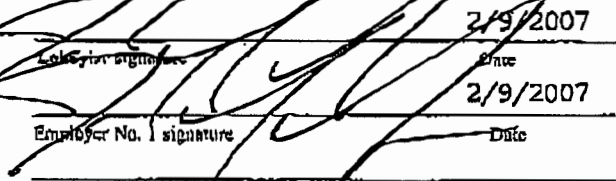
Item 5	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.		
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	
20	N/A	N/A	

LEGISLATIVE SUBJECT IDENTIFICATION

- | | |
|--|--|
| Code Subject | Code Subject |
| 01 Agriculture, horticulture, farming, and livestock | 17 Health services, medicine, drugs and controlled substances, health insurance, hospitals |
| 02 Amusements, games, athletics and sports | 18 Higher education |
| 03 Banking, finance, credit and investments | 19 Housing, construction, codes |
| 04 Children, minors, youth, senior citizens | 20 Insurance (excluding health insurance) |
| 05 Church and religion | 21 Labor, salaries and wages, collective bargaining |
| 06 Consumer affairs | 22 Law enforcement, courts, judges, crimes, prisons |
| 07 Ecology, environment, pollution, conservation, mining, land and water use | 23 License, permits |
| 08 Education | 24 Liquor |
| 09 Elections, campaigns, voting, political parties | 25 Manufacturing, distribution and services |
| 10 Equal rights, civil rights, minority affairs | 26 Natural resources, forest and forest products, fisheries, mining and mining products |
| 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds | 27 Public lands, parks, recreation |
| 12 Government, county | 28 Social insurance, unemployment insurance, public assistance, workmen's compensation |
| 13 Government, federal | 29 Transportation, highways, streets and roads |
| 14 Government, municipal | 30 Utilities, communications, television, radio, newspaper, power, CATV, gas |
| 15 Government, special districts | 31 Other (please specify) |
| 16 Government, state | |

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Item 6	Identify any rule, rulemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.
Medical fee schedule	



 Lobbyist signature _____ Date 2/9/2007

 Employer No. 1 signature _____ Date 2/9/2007

 Employer No. 2 signature _____ Date _____

 Employer No. 3 signature _____ Date _____

 Employer No. 4 signature _____ Date _____