LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

Page_winter09_of__1_Page(s) THIS SPACE FOR OFFICE USE ONLY

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STATE OF IDAHO

		pe or print clear instructions at												
Lobbyist's name and permanent business address							Date prepared				Period covered			
Zurich	Insurance	€											✓ month e	nding
	Meeker, S	te 240										(3.5-1)	(D)	(37-)
Boise	, ld 83713								2/9/09			(Mo.)	1	(Yr.)
												1	31	09
Item 1	Totals	of all reporta	ole exp	enditures made o	r incurred b	y Lobby	yist o	or by	Lobbyist's Empl	oyer on l	behalf o	f Lobb	yist's Empl	oyer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity				otal Amount for All Employers	Proportionate amount Item 3, at bottom of			nts contributed by each employed f page.)			er (Identify employers,		, under	
Do Not Have to be Reported			. ,	Employer No. 1			Employer No. 2		Employer No		O. 3 Employer No. 4			
Entertainment				.				_						
Food and Refreshment			S		\$		\$		•	\$			\$	
Living Accommodations					·			_					<u> </u>	
Advertising														
Travel														
Telepho														
Other E	xpenses or S	ervices			·		—							
		Total	\$	0.00	s	0.0	00	\$	0.00	s		0.00	s	0.00
								_						
*When t				orting for requires m										
		of each expen of their house		of more than seve	enty-five do	ollars (\$	75) 1	for a	legislator, other	holder of	public	office,	executive	officials and
Item- 2							_						xecutive Of	ficials
	Date			Place		Ar	moun	it		and Hous	ehold Me	mbers	in Group	
	none													
	Continued on a	attached page(s)				<u> </u>								
INSTRUCTIONS								em 3) Name(s	(s) and Address(es)		
							. Zurich Insurance							
	o should file 5617 Idaho C		ny lob	byist registered u	nder Section	ı	No.	1	225 Meeker, S		, Boise	e, Id 8	3713	
		Monthly repies of the past		ue within fifteen	(15) days o	f the	No.	2						
то	BE FILED V	VITH.												
		Sec	•	of State			No.	3						
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282							No. 4							

tem 4				If of any Legislator, Public or Executive Official or Household Member(s). Name of Legislator, Public or Executive Official and Household Member(s) Receiving or Benefiting							
	Date Subject ma	Amount	ion, the number of the Senate	lator,							
em 5	or House Bill, Resolution or other legis the Lobbyist was supporting or opposing		legislative activity in which	LEGISLATIVE SUBJECT IDENTIFICATION							
	Code Bi able) Leg	II, Resolution or Other gislative Ident. Number HB 21 SB 1028	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Government, federal	17 18 19 20 21 22 23 24 25 26 27 28 29 30	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)				
		rocess, financial services	on, procurement, contract, or bond lobbyist was support-		CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code. Date						