

Rev. 06/2006

**LOBBYIST MONTHLY REPORT FORM**

Page 1 of 2 Page(s)  
THIS SPACE FOR OFFICE USE ONLY



State of Idaho  
Ben Ysursa  
Secretary of State

To Be Filed By:  
**L-3 LOBBYISTS**  
(Sec. 67-6619)

MAR 10 PM 3:53  
STATE OF IDAHO

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

Lobbyist's name and permanent business address <b>JIM WERBECKES</b> <b>9790 GATEWAY DRIVE, SUITE 100</b> <b>RENO, NEVADA 86521</b>	Date prepared <b>MARCH 7, 2008</b>	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) <b>02 29 08</b>
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Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.					
Category of Expenditure <small>Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported</small>	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, 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	\$	\$	\$	
<b>Total</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	

\*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	The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.			
Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group	
	NONE			

Continued on attached page(s)

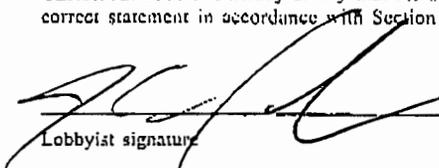
<p align="center"><b>INSTRUCTIONS</b></p> <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code</p> <p><b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p><b>TO BE FILED WITH:</b> Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	Item 3	Employer(s) Name(s) and Address(es)
	No. 1	<b>EMPLOYERS INSURANCE GROUP</b> 9790 GATEWAY DR, STE 100, RENO NV 86521
	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.		<b>LEGISLATIVE SUBJECT IDENTIFICATION</b>																																																																	
	Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number																																																																	
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Item 6	Identify any rule, ratemaking decision, procurement, contract, bid or bid process, financial services or bond lobbyist was supporting or opposing.
	NONE THIS PERIOD

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

  
 Lobbyist signature

3/7/08  
 Date