LOBBYIST ANNUAL REPORT FORM

State of Idaho

Ben Ysursa Secretary of State

(Type or print clearly in black ink)

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



09 FT -2 F1:12: 52

✓ Annual

Semi-Annual

See instructions at bottom of page Lobbyist's name and permanent business address

SCANEL Date prepared

JIM WERBECKES

10375 PROFESSIONAL CIRCLE RENO, NEVADA 89521

JANUARY 29, 2009

year ending

Period covered

(Day) (Mo.) (Yr.) 12 31 2008

Category of Expenditure Reimbursed Personal Living and Travel	*Total Amount for	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)					
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	All Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4		
Entertainment Food and Refreshment	s620.39	s620.39	s	\$	\$		
Living Accommodations	106.65	106.65					
Advertising	0.00	0.00					
Travel	224.00	224.00					
Telephone	0.00	0.00					
Other Expenses or Services	0.00	0.00					
Total	s951.04	s951.04	s0.00	s0.00	s0.00		

*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	The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.						
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group			
8/	01/2008	RENO, NEVADA	951.04	SENATOR BOB NONINI			

Continued on attached page(s)

INSTRUCTIONS		Employer(s) Name(s) and Address(es)			
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code		No. 1 EMPLOYERS INSURANCE GROUP 10375 PROFESSIONAL CIR., RENO, NV 89521			
Filing deadline: Annual report is due on January 31st. Executive Lobbist semi-annual report due July 31st.					
TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, 1D 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282					

Item 4	paragnal property to any Lagislator, Public or Expansiva Official or for or an habilit of any Lagislator, Public or Expansiva Official						, .		
	Date		Amount		ne of L	egislator, Public or Executive Offi	cial Rec	ceiving or Benefiting	
Item 5	or Ho the L	Subject matter of proposed legislation, the nur or House Bill, Resolution or other legislative the Lobbyist was supporting or opposing.		legislative activity in which				CT IDENTIFICATION ode Subject 17 Health service, medicine, drugs	
Subject (from		Legislat	this peri	and Section Number	Ocode 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, state	18 19 20 21 22 23 24 25 26 27 28 29 30	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) bove is a true, complete and 67-6624 Idaho Code.	
Item 6 Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing. None this period				obbyist signature	7.	Date 1/29/09 Date			
						mployer No. 2 signature		Date Date	
	_	_			E	mployer No. 4 signature		Date	

.