



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

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 STATE OF HAWAII
 STATE ETHICS COMMISSION

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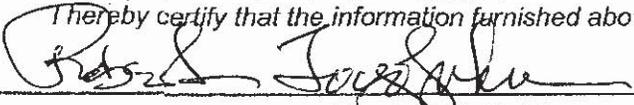
LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| | | |
|--|-------------------|-----------------------------------|
| PART I LOBBYIST | | |
| NAME (Last) Toyofuku | (First) Robert | (Middle) |
| TELEPHONE 808-524-4155 | | |
| MAILING ADDRESS (Street) 1000 Bishop Street, #503 | | FAX 808-524-0573 |
| | | EMAIL toyofuku@hiadvocates.com |
| (City) Honolulu | (State) HI | (Zip Code) 96813 |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) BT Consulting, Inc. dba Advocates | | TELEPHONE same |
| MAILING ADDRESS (Street) same | | FAX |
| | | EMAIL |
| (City) | (State) | (Zip Code) |

| | | |
|--|---------------|--|
| PART II ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Island Insurance Company, Ltd. | | TELEPHONE 808-564-8132 |
| MAILING ADDRESS (Street) 1022 Bethel Street | | FAX 808-275-8132 |
| | | EMAIL cmatsumoto@islandinsurance.com |
| (City) Honolulu | (State) HI | (Zip Code) 96813 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Michael Onofrietti | | TELEPHONE 808-564-8186 |
| MAILING ADDRESS (Street) 1022 Bethel Street | | FAX 808-275-8186 |
| | | EMAIL monofrietti@islandinsurance.com |
| (City) Honolulu | (State) HI | (Zip Code) 96813 |

| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

| PART IV CERTIFICATION OF LOBBYIST | |
|--|----------------|
| I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. | |
|  | March 24, 2014 |
| (Signature of Lobbyist) | (Date) |

| PART V AUTHORIZATION TO LOBBY | |
|--|--|
| NAME Colbert Matsumoto | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Chairman and CEO |
| NAME OF ORGANIZATION (if applicable) Island Insurance Company, Ltd. | TELEPHONE 808-564-8132 |
| MAILING ADDRESS (Street) 1022 Bethel Street | FAX 808-275-8132 |
| (City) Honolulu | EMAIL cmatsumoto@islandinsurance.com |
| (State) HI | (Zip Code) 96813 |
| I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned. | |
|  | 3/20/14 |
| (Signature of Authorizing Officer or Person Represented) | (Date) |