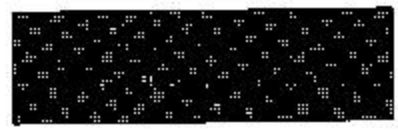
LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



FOR OFFICE USE ONLY
Postmark Date: 05/20/04

SUPP

1040709

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Johnson (Last) Rounie (First) L. (MI)

2. BUSINESS PHONE 225-382-3620

3. BUSINESS ADDRESS One American Place, 14th Floor, Baton Rouge, LA 70825 (Street and No. / City / State / Zip)

MAILING ADDRESS Same (Street and No. / City / State / Zip)

4. EMPLOYER McGlinchey Stafford, PLLC

5. EMPLOYER'S ADDRESS Same (Street and No. / City / State / Zip)

6. Have you ceased or terminated all lobbying activities requiring registration? Yes____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Delta Dental Insurance Co.

Address 100 First Street, San Francisco, CA 94105

Business or purpose Insurance

[X] New Representation
Does this person pay you? No

If No, who pays you? McGlinchey Stafford, PLLC

[ ] Terminated Representation as of _____

Form 801, Rev. 10/1/02

SUPPLEMENTAL REGISTRATION FORM

2. Name Starmount Life Insurance Company

Address 7800 Office Park Blvd., Baton Rouge, Louisiana 70809

Business or purpose Insurance

[X] New Representation
Does this person pay you? No

If No, who pays you? McGlinchey Stafford, PLLC

[ ] Terminated Representation as of _____

3. Name Louisiana Association of Health Plans, Inc.

Address 2325 Weymouth Drive, Suite M, Baton Rouge, Louisiana 70809

Business or purpose Insurance

[X] New Representation
Does this person pay you? No

If No, who pays you? McGlinchey Stafford, PLLC

[ ] Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Kenneth Johnson
Signature of Lobbyist

Form 509, Rev. 10/2002