LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

FOR OFFICE USE ONLY
Postmark Date: 07/22/04
LSUPP

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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 Sandra Yelverton A #4
   Last First MI

2. BUSINESS PHONE 225 383 0618

3. BUSINESS ADDRESS 731 Lakeland Dr BR LA 70802
   Street and No. City State Zip

   MAILING ADDRESS Same
   Street and No. City State Zip

4. EMPLOYER Mapes and Mapes, Inc.

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

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ____ No ✓

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 Conseco Health Insurance Company
      Address 11825 N. Pennsylvania Street Carmel, IN 46032
      Business or purpose promote and protect business interest in LA
      ☑ New Representation
      Does this person pay you? No
      If No, who pays you? Mapes and Mapes, Inc.
      ☐ Terminated Representation as of ____

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ETHICS ADMINISTRATION
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Form 501, Rev. 10/2002

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name LA Association of Health Plans

Address 2325 Weymouth Drive, Ste. M BR LA 70809

Business or purpose to promote and protect business interests in LA

☑ New Representation

Does this person pay you? No

If No, who pays you? Mapes & Mapes, Inc.

☐ Terminated Representation as of _____

3. Name Segway, Inc.

Address 286 Commercial St. Manchester, NH 03101-1108

Business or purpose promote and protect business interests in LA

☑ New Representation

Does this person pay you? No

If No, who pays you? Mapes & Mapes, Inc.

☐ 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.

Sandra A Yelverton

Signature of Lobbyist

Form #11, Rev. 10/2002