STATEMENT OF ORGANIZATION

OFFICE USE ONLY

PAC
S/O
2/14

0302082

1. Name and Address of Committee

Louisiana Association of Health Plans, Inc. PAC
2325 Weymouth Drive, Suite M
Baton Rouge, LA 70809

2. Date of this Statement

2/14/03

3. Estimated Membership

56

4. Amended Statement?

____ Yes ✓ No

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name	b. Position	c. Address
Gil Dupré	Chairperson	2325 Weymouth Drive, Suite M Baton Rouge, LA 70809
N/A	Treasurer	

6. Affiliated Organizations
(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name	b. Address	c. Relationship to Committee
Louisiana Association of Health Plans, Inc.	2325 Weymouth Drive, Suite M Baton Rouge, LA 70809	Sponsoring Organization

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name	b. Address
Alliance Bank of Baton Rouge	3700 Essen Lane, Baton Rouge, LA 70809

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: _____ Principal Campaign Committee _____ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

9. a. Name of Person Preparing Report: Gil Dupré

b. Daytime Telephone: 225-927-2774

2003 FEB 14 PM 12:45

10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.

This 14th day of February, 2003.

Gil Dupré
Signature of Committee Chairperson

225-927-2774
Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number

Form 200, Rev. 3/98

HAND DELIVERED