COMMITTEE'S REPORT

(filed by committees that support or oppose one or more candidates and/or propositions and that are not candidate committees)

1. Full Name and Address of Political Committee

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

OFFICE USE ONLY

Prev. 10/03
Spec. 10/3

03084889

2. Date of Primary October 4, 2003

This report covers from October 2, 2003 through October 2, 2003

3. Type of Report:

____180th day prior to primary	____40th day after general
____90th day prior to primary	____Annual
____30th day prior to primary	____Monthly
____10th day prior to primary	X Special (48 hour) Report
____10th day prior to general	____Amendment to prior report

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

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

5. Candidates or Propositions the Committee is Supporting or Opposing (use additional sheets if necessary)

a. Name & Address of Candidate/Description of Proposition	b. Office Sought	c. Political Party	d. Support/Oppose
N/A			

6. Is the Committee supporting the entire ticket of a political party? ____ Yes X No If "yes", which party?

7. a. Name of Person Preparing Report

Gil Dupré

b. Daytime Telephone (225) 927-2774

8. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 3rd day of October, 2003.

Signature of Committee Chairperson

225-927-2774
Daytime Telephone

Signature of Committee Treasurer, if any

Daytime Telephone

2003 OCT -3 PM 2:12

Form 202, Rev. 3/98, Page Rev. 2001

SCHEDULE A-1: CONTRIBUTIONS RECEIVED (other than In-Kind Contributions)

The following information must be provided for all contributions received by the committee during this reporting period, except for in-kind contributions, whether received from a political committee or some other person or entity. Contributions made by the committee are reported on SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES. Information on in-kind contributions is reported on SCHEDULE A-2: IN-KIND CONTRIBUTIONS. In Column 1, check "yes" if the contributor is a political committee and "no" if not. For anonymous contributions, see SCHEDULE F. Totals and subtotals at bottom of the page are *optional*. Completion of totals and subtotals may assist in calculating totals that must be reported on the Summary Page.

1. Name and Address of Contributor	2. Contributions this Reporting Period a. Date(s)	b. Amount(s)	3. Total this Year
UnitedHealthcare of Louisiana 3838 N. Causeway Blvd., Suite 2100 Metairie, LA 70002 POLITICAL COMMITTEE? ____ YES __X__ NO	10/2/03	$5,000.00	$5,000.00
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
POLITICAL COMMITTEE? ____ YES ____ NO			
4. SUBTOTAL (this page)		$5,000.00	$5,000.00
5. TOTAL (complete only on last page of this schedule)		$5,000.00	$5,000.00

6. CONTRIBUTIONS FROM POLITICAL COMMITTEES ONLY:

SUBTOTAL (this page) 0.00 TOTAL (complete only on last page of this schedule) 0.00