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 PAC
9467 Brookline Avenue
Baton Rouge, LA 70809

OFFICE USE ONLY

PAC
Monthly
3/10

0662240

2. Date of Primary N/A

This report covers from February 1, 2006 through February 28, 2006

3. Type of Report:

____ 180th day prior to primary
____ 90th day prior to primary
____ 30th day prior to primary
____ 10th day prior to primary
____ 10th day prior to general
____ 40th day after general
____ Annual
X Monthly
____ 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	9467 Brookline Avenue, 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

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 9th day of March, 2006.

Signature of Committee Chairperson

225-927-2774
Daytime Telephone

Signature of Committee Treasurer, if any

Daytime Telephone

Form 202, Rev. 3/96, Page Rev. 5/01

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
Glenn Ansardi 1940 I-10 Service Road, Suite 125 Kenner, LA 70065	Senate	Democrat	Support

SUMMARY PAGE

RECEIPTS	This Period
1. Contributions Received (Schedule A-1)	7000.00
2. In-kind Contributions Received (Schedule A-2)	0.00
3. Campaign paraphernalia sales of $25 *or less*	0.00
4. **TOTAL CONTRIBUTIONS** (Lines 1 + 2 +3)	7000.00
5. Other Receipts (Schedule A-3)	0.00
6. Loans Received (Schedule B)	0.00
7. Loan Repayments Received (Schedule D)	0.00
8. **TOTAL RECEIPTS** (Lines 4 + 5 + 6 + 7)	$7000.00

DISBURSEMENTS	This Period
9. General Expenditures (Schedule E-1)	0.00
10. In-Kind Expenditures (Schedule E-2)	0.00
11. Contributions made to Candidates (Schedule E-3)	250.00
12. **TOTAL EXPENDITURES** (Lines 9 + 10 + 11)	250.00
13. Other Disbursements (Schedule E-4)	0.00
14. Loan Repayments Made (Schedule B)	0.00
15. Funds Loaned (Schedule D)	0.00
16. **TOTAL DISBURSEMENTS** (Lines 12 + 13 + 14 + 15)	$250.00

FINANCIAL SUMMARY	Amount
17. Funds on hand at beginning of reporting period (Must equal funds on hand at close from last report or -0- if first report for this committee)	5,048.18
18. *Plus* total receipts this period (*less* in-kind contributions received) (Line 8 above minus line 2 above)	7,000.00
19. *Less* total disbursements this period (*less* in-kind expenditures) (Line 16 above minus line 10 above)	250.00
20. Funds on hand at close of reporting period	11,798.18

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

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
Vantage Health Plan 909 North 18th Street, Suite 201 Monroe, LA 71201 POLITICAL COMMITTEE? ____ YES __X__ NO	2/1/2006	1,000.00	1,000.00
Peoples Health Network 200 West Esplanade Avenue, Suite 600 Kenner, LA 70065 POLITICAL COMMITTEE? ____ YES __X__ NO	2/2/2006	2,500.00	2,500.00
Blue Cross and Blue Shield 5525 Reitz Avenue Baton Rouge, LA 70809 POLITICAL COMMITTEE? ____ YES __X__ NO	2/3/2006	1,500.00	1,500.00
Aetna 151 Farmington Avenue RW61 Hartford, CT 06156 POLITICAL COMMITTEE? ____ YES __X__ NO	2/7/2006	1,000.00	1,000.00
Multiplan 2140 8th Street Suite B Mandeville, LA 70471 POLITICAL COMMITTEE? ____ YES __X__ NO	2/23/2006	1,000.00	1,000.00
4. SUBTOTAL (this page)			$7,000.00
5. TOTAL (complete only on last page of this schedule)			$7,000.00

6. CONTRIBUTIONS FROM POLITICAL COMMITTEES ONLY:

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

SCHEDULE E-3: CONTRIBUTIONS MADE TO CANDIDATES

The following information must be provided for direct contributions made to candidates or their campaign committees, during this reporting period, except for in-kind expenditures. All candidates listed on this schedule should also be listed on the Cover Page in Item 5. Report all in-kind expenditures, including those made to candidates, on SCHEDULE E-2: IN-KIND EXPENDITURES. 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 Recipient Candidate	2. Contributions Made this Reporting Period a. Date(s)	b. Amount(s)
Glenn Ansardi 1940 I-10 Service Road, Suite 125 Kenner, LA 70065	2/22/06	250.00
3. SUBTOTAL (optional)		$250.00
4. TOTAL (optional - complete only on last page of this schedule)		$250.00