Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 SECRETARY OF 06 JUL 27 A

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration July 20		
2. House Identification Number	Senate Identification Number		
REGISTRANT 3. Registrant name 5	TEPHANIE WENKERT KANWIT L		
	111 CAMERON MEWS		
*************************************	21A State VA Zip 22314		
A Principal place of husiness (if different	· · · · · · · · · · · · · · · · · · ·		
5. Telephone number and contact name (703 684-5353	Contact Stephanie W. E-mail (optional)		
6. General description of registrant's busi	ness or activities. A Horney on that the Care Issi		
CLIENT A Lobbying firm is required to file	a separate registration for each client. Organizations employing in-house lobbylsts should ch		
labeled "Self" and proceed to line 7. Client name : AM	erica's Health Insurance Plans		
Address 60	1 Pennsylvania Ave. N.W. S		
City Washin	pton State D.C. Zip 2000		
8. Principal place of business (if different City	from line 7) 5 And State/Zip (or Country)		
9. General description of client's busines Health	s or activities Insurance Trade Ass'n		
LOBBYISTS	in the existing of an interest in the		
this section has served as a "covered	or is expected to act as a lobbyist for the client identified on line 7. If any persecutive branch official" or "covered legislative branch official" within two the the executive and/or legislative position(s) in which the person served.		
Name	Covered Official Position (if applica		
Stephanie W	Kanwit		
·			

Registrant Name		Client Name	
LOBBYING ISSUE 11. General lobbying issue a HCR	reas. Select all applicab	le codes listed in instructions and or	n the reverse side of Form LD-
12. Specific lobbying issues Health Heal		· · · · · · · · · · · · · · · · · · ·	Health And Medical M
AFFILIATED ORG 13. Is there an entity other	ANIZATIONS than the client that con	ntributes more than \$10,000 to the part plans, supervises or control	he lobbying activities of the
∑ No ⇔ Go to lin	e 14.	Yes Complete the rest of the criteria above,	f this section for each entity then proceed to line 14.
Name		Address	Principal Place of Bus (city and state or cou
FOREIGN ENTITI			
b) directly or in activities of	directly, in whole or in the client or any organ to of the client or any or	ship in the client or any organization major part, plans, supervises, or dization identified on line 13; Or rganization identified on line 13	controls, directs, finances or
No ⇔ Sign and da	ate the registration.	-	the rest of this section for ea the criteria above, then sign on.
Name	Address	Principal place of business (city and state or cou-	contribution for

Signature

Date

Printed Name and Title Stephanie W. Kanwit Stephanie L
Form LD-1 (Rev. 06/98)