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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name HIP HEALTH PLANS			
2. Address <input type="checkbox"/> Check if different than previously reported 625 INDIANA AVENUE, NW SUITE 200			
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) DC			
4. Contact Name MARIA WALLACE	Telephone (202) 393-0660	E-mail (optional) mwallace@hipusa.com	5. Senate ID # 17853
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 31264

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>60,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature _____

Printed Name and Title David S. Abernethy, SVP, Public Policy and Regulatory Affairs

LD-2 (REV. 6/98)

Registrant Name HIP HEALTH PLANS Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

- Managed Care Proposals
- Medicare Prescription Drug Coverage
- Patients Bill of Rights
- Medicare Payment and Benefit Proposals
- Medicated Related Issues
- HIPPA
- Patient Privacy/Confidentiality

17. House(s) of Congress and Federal agencies contacted Check if None

United States Senate
United States House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
David S. Abernethy	
George B. Strumpf	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *[Handwritten Signature]* Date 2/27/02

Printed Name and Title David S. Abernethy, SVP, Public Policy & Regulatory Affairs

Form LD-2 (Rev. 6/98)

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