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## LOBBYING REPORT

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

1. Registrant name			
Organization		Humana Inc.	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1 500 West Main Street			
City	Louisville	State	KY
Zip Code	40202	Country	USA
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country	Zip Code	Country
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Heidi Margulis	502-580-1854	hmargulis@humana.com
5. Senate ID #			18912-0
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #
Humana Inc.			3228900

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30) ☐ OR Year End (July 1-December) ☐

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 Activity ☐

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></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"/> ⇒ \$ _____</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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>200,000</u></p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions on</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Co

Printed Name and Title Heidi Margulis, SVP-Government Relations

2-10-05



**Client Name** Humana Inc.

15. General issue area code DEF - Defense (one per page)

Add page to continue specific issues description for this issue

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

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this issue area*

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

Filing #230d14dc-c41f-49b7-877f-340d928b4fd5 - Page 3 of 18



**Client Name** Humana Inc.

15. General issue area code HCR - Health Issues (one per page)

**HIPAA Privacy, Security & EDI Rules**  
**Genetic Non-Discrimination--S.1053**  
**Association Health Plans--HR.660, S.545, HR4281**  
**Patient Safety & Quality Improvement--HR663, S.720**  
**Mental Health Equitable Treatment Act--S.486**  
**Veterans Health Care Cost Recovery Act--HR.1562**

House of Representatives  
U.S. Senate  
Dept. Health & Human Services, Dept. of Labor, Dept. of Veterans Affairs  
White House Health Policy Office

[illegible]

2.10.05



Registrant Name Humana Inc.Client Name Humana Inc.**ADDENDUM for General Lobbying Issue Area** HCR

## 16. Specific lobbying issues (continued from previous page)

Choice Act, HR.4662

*Special Inquiry* 2.10.05.  
HEIDI MARGULIS, SUP GOVT RELATIONS



Client Name Humana Inc.

15. General issue area code MMM - Medicare/Medicaid (one per page)

Add page to continue specific issues description for this issue

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

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this issue area*

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

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2.10.05



**Client Name** Humana Inc.

15. General issue area code TAX - Taxation/Internal Revenue Code (one per page)

Add page to continue specific issues description for this issue

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

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this issue area.*

[illegible]

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

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Client Name **Humana Inc.**

15. General issue area code TOR - Torts (one per page)

Add page to continue specific issues description for this issue

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

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for this issue area*

[illegible]

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

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Client Name Humana Inc.

15. General issue area code CPI - Computer Industry (one per page)

Add page to continue specific issues description for this issue

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

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue editing lobbyists for t.*

[illegible]

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Registrant Name Humana Inc.Client Name Humana Inc.**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

**LOBBYIST UPDATE**23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

Suff

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

24. General lobbying issues that **no longer** pertain**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perce client
	Street Address			
	City	State/Province Country		
		City		
		State Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, cl  
affiliated organization

1

3

5

2

4

6

Add a page for more up

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