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LOBBYING REPORT

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

| | | | |
|--|--|----------------------------------|---|
| 1. Registrant Name Greenberg Traurig, LLP | | | |
| 2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 800 Connecticut Avenue, NW Suite 500 City Washington State/Zip (or Country) DC 20006 | | | |
| 3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____ | | | |
| 4. Contact Name Howard A. Vine | | Telephone 202-331-3103 | E-mail (optional) vineh@gtlaw.com |
| 5. Senate ID # 16896-404 | | | |
| 7. Client Name <input type="checkbox"/> Self Humana | | 6. House ID # 31595009 | |

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-Dec)

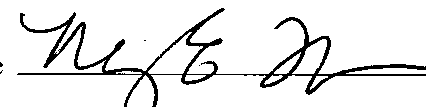
9. Check if this filing amends a previously filed version of this report

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

11. No Lobbyi

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 12. Lobbying Firms | 13. Organizations |
|---|---|
| INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$20,000.00</u> Income (nearest \$20,000) | EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000) |
| 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). | 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033 the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code |

Signature 

Date 8/8/2001



Registrant Name: Greenberg Traurig, LLP

Client Name: Humana

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

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

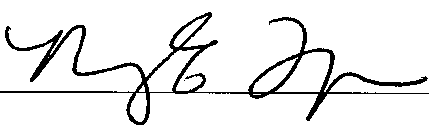
16. Specific Lobbying issues
CHAMPUS Issues

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

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

| Name | Covered Official Position (if applicable) |
|----------------------------|---|
| Cohen, Howard | |
| Finder, Jodi | |
| Garagiola, Rob | |
| Kolton, Eleanor | |
| Mueller, Russell J. | |
| Taylor, Nancy E. | |
| Trysla, Timothy | |

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

Signature 

Date 8/8/2001



Registrant Name: Greenberg Traurig, LLP

Client Name: Humana

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

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

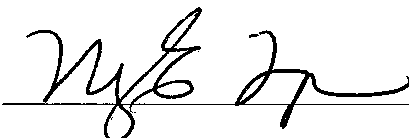
16. Specific Lobbying issues
Health Care Insurance Reform

17. House(s) of Congress and Federal agencies contacted Check if None
Department of Health & Human Services
House of Representatives
Senate

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

| Name | Covered Official Position (if applicable) |
|----------------------------|---|
| Cohen, Howard | |
| Finder, Jodi | |
| Garagiola, Rob | |
| Kolton, Eleanor | |
| Mueller, Russell J. | |
| Taylor, Nancy E. | |
| | |
| | |

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

Signature  Date 8/8/2001



Registrant Name: Greenberg Traurig, LLP

Client Name: Humana

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

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


16. Specific Lobbying issues
Medicare Reform

17. House(s) of Congress and Federal agencies contacted Check if None
Department of Health & Human Services
House of Representatives
Senate

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

| Name | Covered Official Position (if applicable) |
|----------------------------|---|
| Cohen, Howard | |
| Finder, Jodi | |
| Garagiola, Rob | |
| Kolton, Eleanor | |
| Mueller, Russell J. | |
| Taylor, Nancy E. | |
| Trysla, Timothy | |

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

Signature  Date 8/8/2001



Registrant Name: Greenberg Traurig, LLP

Client Name: Humana

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

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

City _____ State/Zip (or 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
Mueller, Russell J.
Finder, Jodi

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Bus (city and state or coun |
|------|---------|---|
| | | |

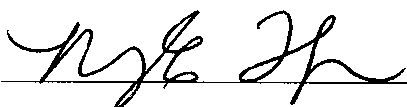
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

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 |
|------|---------|--|---|
| | | | |

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

Signature 

Date 8/8/2001

