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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	Health Insurance Plan
2. Address <input type="checkbox"/> Check if different than previously reported	
Address 1 101 Constitution Avenue, NW Suite 310 E	
City	Washington, DC
State	DC
Zip Code	20001
Country	USA
3. Principal place of business (if different than line 2)	
City	New York
State	NY
Zip Code	10041
Country	USA
4a. Contact Name	b. Telephone number
Prefix Full Name	c. E-mail
Ms. Maria G. Wallace	(202)289-1213
	mwallace@hlpusa.com
7. Client Name <input checked="" type="checkbox"/> Self	5. Senate ID #
Health Insurance Plan	17853-12
	6. House ID #
	3126400

TYPE OF REPORT 8. Year 2005 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>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"/> ⇒ \$ _____</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>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>35,600</u></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Compl

Printed Name and Title David S. Abernethy, Senior Vice President Operations

1000050722

Registrant Name Health Insurance Plan

Client Name Health Insurance Plan

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

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

16. Specific lobbying issues

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 i*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)

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

Add a page for a different i

Printed Name and Title David S. Abernethy, Senior Vice President Operations

0000050723

Registrant Name Health Insurance Plan

Client Name Health Insurance Plan

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

Suffix

1

3

2

4

ISSUE UPDATE

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

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z Address C/S/Z	City State Country City 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	Street Address City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Ownership percentage client

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

1

3

5

2

4

6

Add a page for more updates

Printed Name and Title David S. Abernethy, Senior Vice President Operations

000050724

