

GREENBERG  
ATTORNEYS AT LAW  
TAUBIG

SECRETARY OF THE SENATE

99 NOV -1 PM 12:42

H. O.

October 28, 1999

**VIA HAND DELIVERY**

Clerk of the House  
Legislative Resource Center  
B-106 Cannon House Office Building  
Washington, DC 20515

Secretary of the Senate  
Public Records Office  
232 Hart Senate Office Building  
Washington, DC 20510

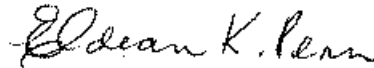
To Whom It May Concern:

Enclosed please find Lobbying Reports for the following client:

Self-Insurance Institute of America

If you have any questions or require additional information, please contact Christine Schaut,  
Office Manager, at (202) 331-3116.

Sincerely,



Eldean K. Penn  
Administrative Assistant

Enclosure

A PARTNERSHIP OF LIMITED LIABILITY ENTITIES  
1300 CONNECTICUT AVENUE, N.W.  
WASHINGTON, D.C. 20036  
202-331-3100 FAX 202-331-3101 www.gtaw.com  
MIAMI NEW YORK WASHINGTON, D.C. ATLANTA PHILADELPHIA TYSONS CORNER CHICAGO  
SAO PAULO FORT LAUDERDALE WEST PALM BEACH ORLANDO TALLAHASSEE BOCA RATON

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**LOBBYING REGISTRATION**

H. D.

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 10/21/99  
 2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

**REGISTRANT**

3. Registrant Name Greenberg Traurig  
 Address 1300 Connecticut Ave, NW Suite 1000  
 City Washington State DC Zip 20036  
 4. Principal place of business (if different from line 3)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
 5. Telephone number and contact name Contact E-Mail (optional)  
202-331-3138 Russell J. Mueller mueller@gtlaw.com  
 6. General description of registrant's business or activities  
Law Firm

**CLIENT** *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.  Self*

7. Client Name Self-Insurance Institute of America  
 Address 1250 H Street, NW Suite 901  
 City Washington State DC Zip 20006  
 8. Principal place of business (if different from line 7)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
 9. General description of client's business or activities  
ERISA matters

**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

| Name                      | Covered Official Position (if applicable) |
|---------------------------|---|
| <u>Russell J. Mueller</u> |   |
|                           |   |
|                           |   |

Registrant Name: Greenberg Traurig

Client Name: Self-Insurance Institute of America

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

HCR, INS

12. Specific lobbying issues (current and anticipated)  
Legislative matters affecting ERISA self-insured group health plans

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or major part plans, supervises, or controls the registrant's lobbying activities?

No. Go to line 14.  Yes. Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

| Name | Address | Principal Place of Business (city and state or country) |
|------|---------|---|
|      |         |   |

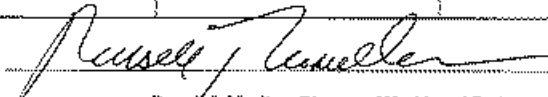
**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities of the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No. Sign and date the registration.  Yes. Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

| Name | Address | Principal Place of Business (city and state or country) | Amount of contribution for lobbying activities | Ownership percentage in client |
|------|---------|---|--|--------------------------------|
|      |         |   |  |                                |

Signature:  Date: 10/28/99  
Printed Name and Title: Russell J. Mueller - Director of Health and Retirement Policy