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# LOBBYING REPORT

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

1. Registrant Name <u>The National Group</u>		
2. Address <input type="checkbox"/> Check if different than previously reported <u>818 Conn. Ave., N.W.</u>		
3. Principal Place of Business (if different from line 2) City: <u>Washington, DC</u> State/Zip (or Country) <u>20006</u>		
4. Contact Name <u>John Blount</u>	Telephone	E-mail (optional)
7. Client Name <input type="checkbox"/> Self <u>SCAN Health Plan</u>		5. Senate ID # <u>66096</u>
		6. House ID #

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

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

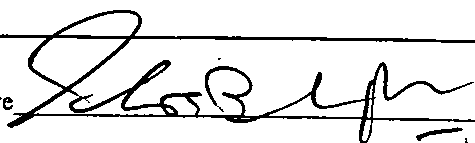
10. Check if this is a Termination Report  ⇒ Termination Date \_\_\_\_\_

11. No Lobbying

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

<p><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"/> ⇒ \$ <u>60,000</u> 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><b>13. Organizations</b></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 type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of methods.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature



Printed Name and Title

John Blount, Director

~~CONFIDENTIAL~~

Registrant Name The National Group Client Name SCAN Health Plan

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the 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

- Permanent extension of social HMO pilot

17. House(s) of Congress and Federal agencies contacted

Check if None

- Ways & Means  
- Finance

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

Name	Covered Official Position (if applicable)
John Blunt	
Bill Olicker	
Mike Forscey	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature [Handwritten Signature] Date 1 24 03

Printed Name and Title John Blunt Partner



Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

**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 activities

**LOBBYIST UPDATE**

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

**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 Business (city and state or country)

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 12/4/03

Printed Name and Title: JIMMY WILSON FIDELIN

Form LD-2 (Rev. 6/98)

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