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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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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 HIP Health Plan

2. Address  Check if different than previously reported  
Address 1 101 Constitution Avenue, NW Suite 310E  
City Washington State DC Zip Code 20001 Country USA

3. Principal place of business (if different than line 2)  
City New York State NY Zip Code 10001 Country USA

4a. Contact Name Prefix Full Name <u>Ms. Maria G. Wallace</u>	b. Telephone number <u>(202)289-1314</u>	c. E-mail <u>mwallace@hipusa.com</u>	5. Senate ID # <u>17853-12</u>
7. Client Name <input checked="" type="checkbox"/> Self <u>HIP Health Plan</u>			6. House ID # <u>3126400</u>

TYPE OF REPORT 8. Year 2006 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

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more  ⇒ \$ \_\_\_\_\_

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more  ⇒ \$ 35,600

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.

Method A. Reporting amounts using LDA definitions only

Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Form Complete

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







Registrant Name HIP Health Plan

Client Name HIP Health 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

<small>First Name</small>	<small>Last Name</small>	<small>Suffix</small>	<small>First Name</small>	<small>Last Name</small>	<small>Suffix</small>
<b>1</b> David	Abernethy	Mr.	<b>3</b>		
<b>2</b>			<b>4</b>		

**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

<b>1</b>	<b>2</b>	<b>3</b>
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**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)	Amount of contribution for lobbying activities	Ownership percentage client
			City State Country		

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

<b>1</b>	<b>3</b>	<b>5</b>
<b>2</b>	<b>4</b>	<b>6</b>

Add a page for more updates

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

