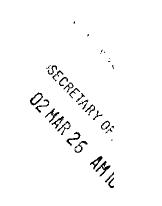
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	1. Effective Date of Registration 2/1/2002			
2. House Identification Number	Senate Identification Number			
REGISTRANT 3. Registrant name Sullivan & Baldick	(
Address 1455 Pennsylvania Aven	ue. NW Suite 300			
City Washington		State DC 7 in 20004		
4. Principal place of business (if differer City		State/Zip (or Country)		
5. Telephone number and contact name		White E-mail (optional) white@su		
6. General description of registrant's but Lobbying Firm				
CLIENT A Lobbying firm is required to find labeled "Self" and proceed to ling. 7. Client name UnitedHealth Group	ne 10. 🔲 Self	nch client. Organizations employing in-house lobbylsts should check		
Address 1225 New York Avenue	ue, NW			
City Washington		State DC Zip 20005		
City Minnetonka	nt from line 7)	State/Zip (or Country) MN		
General description of client's busine health plan products				
this section has served as a "covered	d executive branch officia	a lobbyist for the client identified on line 7. If any personal" or "covered legislative branch official" within two ye gislative position(s) in which the person served.		
Laurie Sullivan		Covered Official Position (if applicable		
Nick Baldick	***************************************			
Lisa White	•••••••••••••••••••••••••••••••••••••••			

Registrant Name	Sullivan & Baldick	Client Name	. U	InitedHealth Group
LOBBYING I		plicable codes listed in inst	ructions and on the	reverse side of Form LD-1.
HCR			,	. <u>-</u>
12. Specific lobbyin	g issues (current and antici	pated)		
S. 1052, Bipar S. 1738, Medic S. 358, Medica	are Prescription Drug and		001	
	ORGANIZATIO			
				bbying activities of the r e registrant's lobbying a
Ø No ⇒ G	o to line 14.			section for each entity r proceed to line 14.
Name		Address		Principal Place of Busin (city and state or cour.
b) direct activi c) is an a	eign entity that: at least 20% equitable of ly or indirectly, in whole ties of the client or any of	e or in major part, plans, organization identified o	supervises, contro n line 13; or	identified on line 13; or ols, directs, finances or s has a direct interest in the
☑ No ⇔ Sign	and date the registration	ı. 🗅 Yes		st of this section for eac iteria above, then sign ar
Name	Addr		ncipal place of business d state or country)	Amount of contribution for lobbying activities
Signature Ra	uie Su		Date	3-11-02
Printed Name and	Title Laurie Sullivan,	President		