

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
---	--

SECRETARY OF THE SENATE

04 MAY 10 PM 2: 01

**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 4/15/1904

2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

**REGISTRANT**

3. Registrant Name **Federalist Group, LLC**

Address **1331 H Street, NW** **12th Floor**

City **Washington** State **DC** Zip **20005**

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)  
**2028425077 Susan Nelson**

6. General description of registrant's business or activities  
**Lobbying Firm**

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

7. Client Name **America's Health Insurance Plans (AHIP)**

Address **601 Pennsylvania Avenue NW,** **South Building, Suite 500**

City **Washington** State **DC** Zip **20004**

8. Principal place of business (if different from line 7)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities  
**Insurance**

**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)
<b>Wayne Berman</b>	
<b>John Green</b>	
<b>Stewart Hall</b>	



Registrant Name: **Federalist Group, LLC**

Client Name: **America's Health Insurance Plans (AHIP)**

**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.

**MMM**

12. Specific lobbying issues (current and anticipated)  
**Regulations and legislations affecting Medicare**

**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**

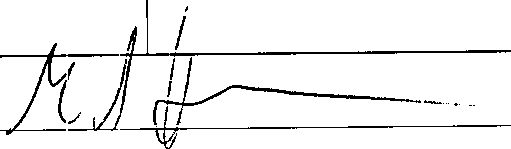
14. Is there any foreign entity that:

- 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, the sign and date the registration.

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities

Signature



Date **4/30/2004**

Printed Name and Title

**Stewart Hall - CEO**

---

Form LD-1 (Rev. 06/98)

P