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SECRETARY OF THE SENATE

04 MAR 25 PM 2: 22

LOBBYING REPORT

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

1. Registrant Name HIP Health Plans			
2. Address <input type="checkbox"/> Check if different than previously reported 625 Indiana Avenue, NW Suite 200			
3. Principal Place of Business (if different from line 2) Washington DC 20004 City: State/zip (or Country)			
4. Contact Name Maria G. Wallace	Telephone (202) 393-0660	E-mail (optional) mwallace@hipusa.com	5. Senate ID # 17853-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 3126400

TYPE OF REPORT 8. Year 2003 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 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> → \$ _____ Income (nearest \$20,000) 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 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> → \$ <u>60,000.00</u> Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code	

Signature



Date

March 2, 2004

Printed Name and Title

George B. Strumpf, Director, Federal Relations

LD-2 (REV. 4/03)

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Registrant Name HIP Health Plans Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

- Managed Care Proposals
- Medicare Prescription Drug Coverage
- Medicare Payment and Benefit Proposals
- Medicated Related Issues
- HIPPA
- Patient Privacy/Confidentiality

17. House(s) of Congress and Federal agencies contacted Check if None

- US States Senate
- United States House of Representatives

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

Name	Covered Official Position (if applicable)	Ne
David S. Abernethy		<input type="checkbox"/>
George B. Strumpf		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date 3/2/03

Printed Name and Title _____

Form LD-2 (Rec. 4/03)

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