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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 2004 Midyear (January 1-June 30) OR Year End (July 1-December)

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**

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>60,000.00</u> Expenses (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)	14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature _____

Date _____

Printed Name and Title _____

David S. Abernethy, Senior Vice President, Operations

LD-2 (REV. 4/03)

PAGE 1 of .

Registrant Name HIP Health Plans Client Name _____

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 cod 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

- United State 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)
David S. Abernethy	
George B. Strumpf	

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

Signature  Date August 6, 04

Printed Name and Title

Form LD-2 (Rev. 4/03)

Page _____ of _____