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LOBBYING REPORT

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

1. Registrant Name The PMA Group, Inc.			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1755 Jefferson Davis Highway Suite 1107 City Arlington State/Zip (or Country) VA 22202 USA			
3. Principal Place of Business (if different from line 2) City Same State/Zip (or Country)			
4. Contact Name Telephone E-mail (optional) Kaylene Green			5. Senate ID # 23521-1573
7. Client Name <input type="checkbox"/> Self Institute of Critical Care Medicine			6. House ID # 30350128

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-Dec)

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 Lobbyi

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: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$20,000.00</u> Income (nearest \$20,000)	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20
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 accounting method. See instructions for description of: <input type="checkbox"/> Method A. Reporting amounts using LDA definiti <input type="checkbox"/> Method B. Reporting amounts under section 6033 the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(Internal Revenue Code

Signature _____ Date 8/10/2001



Registrant Name: The PMA Group, Inc.

Client Name: Institute of Critical Care Medicine

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 DEF (one per page)

16. Specific Lobbying issues

H.R.0000, Department of Defense Appropriations Act, 2002, R&D

S.0000, Department of Defense Appropriations Act, 2002, R&D

17. House(s) of Congress and Federal agencies contacted

Check if None

Department of Defense

House of Representatives

Senate

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

Name	Covered Official Position (if applicable)
Green, Kaylene	
Magliocchetti, Paul	
Stewart, Dana	
Thiel, Brian	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____

Date 8/10/2001

Registrant Name: The PMA Group, Inc.

Client Name: Institute of Critical Care Medicine

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 HCR (one per page)

16. Specific Lobbying issues

H.R.0000, Labor, Health & Human Services Appropriations for FY 2002, Medical Research

S.0000, Labor, Health & Human Services Appropriations for FY 2002, Medical Research

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

**Department of Defense
House of Representatives
Senate**

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

Name	Covered Official Position (if applicable)
Green, Kaylene	
Magliocchetti, Paul	
Stewart, Dana	
Thiel, Brian	

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

Signature _____ Date 8/10/2001



Registrant Name: **The PMA Group, Inc.**

Client Name: **Institute of Critical Care Medicine**

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City State/Zip (or 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

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

BUD

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

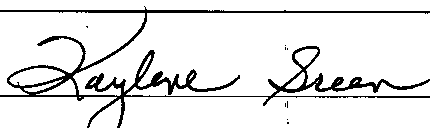
FOREIGN ENTITIES

27. Add the following foreign entities

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

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

Signature



Date **8/10/2001**

