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# LOBBYING REPORT

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

1. Registrant Name <b>MICHAEL P. FORTIER</b>		NEW ADDRESS: <b>5501 POTOMAC</b>	
2. Address <input type="checkbox"/> Check if different than previously reported <b>THE FORTIER GROUP.</b>		<b>601 PENNSYLVANIA AVENUE, NW SUITE 900 SOUTH WASHINGTON, DC 20004</b>	
3. Principal Place of Business (if different from line 2) City:		State/Zip (or Country) <b>DC 20004 23</b>	
4. Contact Name <b>MICHAEL P. FORTIER</b>	Telephone <b>202 338-1829</b>	E-mail (optional) <b>MPORTIER@EROLS.COM</b>	5. Senate ID # <b>47393</b>
7. Client Name <input type="checkbox"/> Self <b>CNA INSURANCE COMPANY</b>			6. House ID # <b>34426</b>

TYPE OF REPORT 8. Year 1999 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 7/99 11. No Lobbying

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

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

Printed Name and Title MICHAEL FORTER, PRINCIPAL, THE FORTER GR

LD-2 (REV. 6/98)

PAG

Registrant Name MICHAEL FORTIER Client Name CNA INSURANCE

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

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

16. Specific lobbying issues

Medical Records Confidentiality

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

Check if None

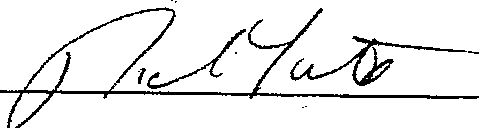
HOUSE  
SENATE

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

Name	Covered Official Position (if applicable)
<u>MICHAEL FORTIER</u>	

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

Check if None

Signature  Date 11/27/99

00000441041

Printed Name and Title MICHAEL FORTNER, PRINCIPAL

Form LD-2 (Rev. 6/98)

Page 2