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SECRETARY OF THE SENATE

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LOBBYING REPORT

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

1. Registrant Name Indiana Hospital&Health Association			
2. Address <input type="checkbox"/> Check if different than previously reported 1 American Square, Suite 1900			
3. Principal Place of Business (if different from line 2) Indianapolis IN 46282 City: State/zip (or Country)			
4. Contact Name Laura Mrozinski	Telephone (317) 423-7734	E-mail (optional) lmrozinski@inhha.org	5. Senate ID # 19274-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 30494000

TYPE OF REPORT 8. Year 2003 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 Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input 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 align="center">13. Organizations</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>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definiti</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(i Internal Revenue Code</p>
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Laura Mrozinski
Filing #832d7f1c-7957-4789-835f-5645c0555e11 - Page 1 of 2

Date **01/15/04**

Signature [Handwritten Signature] Date _____

Printed Name and Title Laura Mrozinski, Administrative Assistant