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LOBBYING REPORT

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

1. Registrant Name Jefferson Consulting Group, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 1401 K Street, N.W. Suite 900			
3. Principal Place of Business (if different from line 2) Washington DC 20005 City: State/zip (or Country)			
4. Contact Name Pamela Trucano	Telephone (202) 626-8550	E-mail (optional)	5. Senate ID # 48782-797
7. Client Name <input type="checkbox"/> Self Employee Health Insurance Management, Inc.			6. House ID # 34504050

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) **OR** Year End (July 1-D

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 Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input 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 defir</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>

Signature _____



Date **08/14/2004**

Printed Name and Title _____

Pamela Trucano, Administrative Assistant

LD-2 (REV. 4/03)

PAGE

Registrant Name Jefferson Consulting Group, LLC Client Name Employee Health Insurance Management,

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

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

16. Specific lobbying issues

Pharmacy Benefit Management

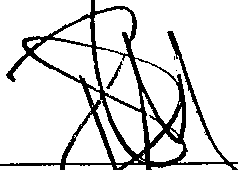
17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate
Dept. of Veterans Affairs

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

Name	Covered Official Position (if applicable)
Angela McNamara	
Julia Susman	
Claire Kammer	

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

Signature  Date 08/14/2004

Printed Name and Title Pamela Trucano, Administrative Assistant

Form LD-2 (Rec. 4/03)

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