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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 1/1/05
12/1/200

2. House Identification Number 36893

Senate Identification Number _____

REGISTRANT

3. Registrant name Mehlman Vogel Castagnetti, Inc.

Address 1341 G Street, NW, Suite 1100

City Washington State DC Zip 20005 US

4. Principal place of business (if different than line 3)

City _____ State _____ Zip _____

5. Telephone number and contact name

(202) 585-0271 Contact Mr. Alex Vogel E-mail alex@mehlmanvogel.com

6. General description of registrant's business or activities

Government Affairs Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the labeled "Self" and proceed to line 10.* Self

7. Client name America's Health Insurance Plans (AHIP)

Address 601 Pennsylvania Avenue, NW South Building, Suite 500

City Washington State DC Zip 20004 U

8. Principal place of business (if different than line 7)

City _____ State _____ Zip _____

9. General description of client's business or activities

Health Insurance

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person section has served as a "covered executive branch official" or "covered legislative branch official" within two years of fi a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
Alex Vogel	Chief Counsel, Senate Majority Leader
Bruce Mehlman	Asst. Sec. of Commerce for Technology
David Castagnetti	
Karin Hudson	

Registrant Name Mehlman Vogel Castagnetti, Inc. Client Name America's Health Insurance Plans (AHP)

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1. pa

MMM MED _____

12. Specific lobbying issues (current and anticipated)

Health Insurance/Medicare

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14. Yes ⇒ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or county)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes at the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of lobbying activity?

No ⇒ Sign and date the registration. Yes ⇒ Complete the rest of this section for each entity matching the criteria above, then sign and date registration.

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

Signature *Alex Vogel* Date 1/27/05
Printed Name and Title Alex Vogel, Co-Founder

