

LOBBYING REPORT

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

1. Registrant Name:

2. Address:

1150 17TH STREET, NW SUITE 601, WASHINGTON, DC 20036

3. Principal place of business (if different from line 2):

Country: City: State/Zip(or Country):

4. Contact Name: GARY GASPER

Telephone: 202-293-7474

E-mail (optional): lee.moe@wc.ey.com

Senate ID #: 57475-1014

House ID #: 35185051

7. Client Name: Self

GROUP HEALTH INC.

TYPE OF REPORT

8. Year 2006 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: 11. No Lobbying Activity:

INCOME OR EXPENSES

Complete Either Line 12 **OR** Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000:

\$10,000 or more: => Income (nearest \$20,000): _____

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000:

\$10,000 or more: => Expenses (nearest \$20,000): 45,000.00

14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

- Method A.** Reporting amounts using LDA definitions only
 Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
 Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: Client Name: GROUP HEALTH INC.

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: INS (one per page)

16. Specific lobbying issues:

General insurance issues: patients bill of rights

17. House(s) of Congress and Federal agencies contacted: **None**

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

Name: BAZEL, LAUREN

Covered Official Position (if applicable):

Name: BRADSHAW, TARA

Covered Official Position (if applicable):

Name: DONEY, JOHN

Covered Official Position (if applicable):

Name: GARRETT-NELSON, LABRENDA

Covered Official Position (if applicable):

Name: GASPER, GARY

Covered Official Position (if applicable):

Name: GIORDANO, NICK

Covered Official Position (if applicable):

Name: GRAB, FRANCIS

Covered Official Position (if applicable):

Name: KOSHGARIAN, DAVE

Covered Official Position (if applicable):

Name: MCGUINNESS, MARTY

Covered Official Position (if applicable):

Name: MELTZER, RICHARD

Covered Official Position (if applicable):

Name: PHELPHS, ANNE

Covered Official Position (if applicable):

Name: PORTER, JOHN

Covered Official Position (if applicable):

Name: ROZEN, ROBERT

Covered Official Position (if applicable):

Name: STEELE-FLYNN, DONNA

Covered Official Position (if applicable):

Name: URBAN, TIM

Covered Official Position (if applicable):

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

Registrant Name: Client Name: GROUP HEALTH INC.

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: LBR (one per page)

16. Specific lobbying issues:

Various Dept. of Labor and CMS regulatory actions

17. House(s) of Congress and Federal agencies contacted: **None**

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

Name: BAZEL, LAUREN

Covered Official Position (if applicable):

Name: BRADSHAW, TARA

Covered Official Position (if applicable):

Name: DONEY, JOHN

Covered Official Position (if applicable):

Name: GARRETT-NELSON, LABRENDA

Covered Official Position (if applicable):

Name: GASPER, GARY

Covered Official Position (if applicable):

Name: GIORDANO, NICK

Covered Official Position (if applicable):

Name: GRAB, FRANCIS

Covered Official Position (if applicable):

Name: KOSHGARIAN, DAVE

Covered Official Position (if applicable):

Name: MCGUINNESS, MARTY

Covered Official Position (if applicable):

Name: MELTZER, RICHARD

Covered Official Position (if applicable):

Name: PHELPS, ANNE

Covered Official Position (if applicable):

Name: PORTER, JOHN

Covered Official Position (if applicable):

Name: ROZEN, ROBERT

Covered Official Position (if applicable):

Name: STEELE-FLYNN, DONNA

Covered Official Position (if applicable):

Name: URBAN, TIM

Covered Official Position (if applicable):

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

Registrant Name: Client Name: GROUP HEALTH INC.

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: MMM (one per page)

16. Specific lobbying issues:

General healthcare issues and general medicare/medicaid issues

17. House(s) of Congress and Federal agencies contacted: **None**

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

Name: BAZEL, LAUREN

Covered Official Position (if applicable):

Name: BRADSHAW, TARA

Covered Official Position (if applicable):

Name: DONEY, JOHN

Covered Official Position (if applicable):

Name: GARRETT-NELSON, LABRENDA

Covered Official Position (if applicable):

Name: GASPER, GARY

Covered Official Position (if applicable):

Name: GIORDANO, NICK

Covered Official Position (if applicable):

Name: GRAB, FRANCIS

Covered Official Position (if applicable):

Name: KOSHGARIAN, DAVE

Covered Official Position (if applicable):

Name: MCGUINNESS, MARTY

Covered Official Position (if applicable):

Name: MELTZER, RICHARD

Covered Official Position (if applicable):

Name: PHELPS, ANNE

Covered Official Position (if applicable):

Name: PORTER, JOHN

Covered Official Position (if applicable):

Name: ROZEN, ROBERT

Covered Official Position (if applicable):

Name: STEELE-FLYNN, DONNA

Covered Official Position (if applicable):

Name: URBAN, TIM

Covered Official Position (if applicable):

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

Registrant Name: Client Name: GROUP HEALTH INC.

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: TAX (one per page)

16. Specific lobbying issues:

General health care issues, patients bill of rights

17. House(s) of Congress and Federal agencies contacted: **None**

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

Name: BAZEL, LAUREN

Covered Official Position (if applicable):

Name: BRADSHAW, TARA

Covered Official Position (if applicable):

Name: DONEY, JOHN

Covered Official Position (if applicable):

Name: GARRETT-NELSON, LABRENDA

Covered Official Position (if applicable):

Name: GASPER, GARY

Covered Official Position (if applicable):

Name: GIORDANO, NICK

Covered Official Position (if applicable):

Name: GRAB, FRANCIS

Covered Official Position (if applicable):

Name: KOSHGARIAN, DAVE

Covered Official Position (if applicable):

Name: MCGUINNESS, MARTY

Covered Official Position (if applicable):

Name: MELTZER, RICHARD

Covered Official Position (if applicable):

Name: PHELPS, ANNE

Covered Official Position (if applicable):

Name: PORTER, JOHN

Covered Official Position (if applicable):

Name: ROZEN, ROBERT

Covered Official Position (if applicable):

Name: STEELE-FLYNN, DONNA

Covered Official Position (if applicable):

Name: URBAN, TIM

Covered Official Position (if applicable):

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

Signature: ON FILE Date: Jul 12, 2006

Printed Name and Title: Gary Gasper, Partner