

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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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 1/1/2006
 2. House Identification Number 30756 Senate Identification Number _____

REGISTRANT

3. Registrant name Wexler & Walker Public Policy Associates
 Address 1317 F Street, N.W., Suite 600
 City Washington State DC Zip 20004 USA
 4. Principal place of business (if different than line 3)
 City _____ State _____ Zip _____
 5. Telephone number and contact name
202-662-3710 Contact Ms. Mary M. Tripp E-mail Tripp@wexlerwalker.com
 6. General description of registrant's business or activities
Public Affairs

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

7. Client name UnitedHealth Group, Inc.
 Address 701 Pennsylvania Avenue, N.W. Suite 530
 City Washington State DC Zip 20004 USA
 8. Principal place of business (if different than line 7)
 City Minnetonka State MN Zip 55343 USA
 9. General description of client's business or activities
Health Care

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 list section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
Dale Snape	
Jody Hoffman	
Jim Capretta	
Laura Vartain	
Jack Howard	

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Registrant Name Wexler & Walker Public Policy Associates

Client Name UnitedHealth Group, Inc.

LOBBYING ISSUES

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

 HCR

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12. Specific lobbying issues (current and anticipated)

Health Care

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 the criteria above, then proceed to line 14.

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

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 active 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 the 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 the registration.

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

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Signature Mary M Tripp

Digitally signed by Mary M Tripp
DN: CN = Mary M Tripp, C = US, O = DST ACES Business Representative, OU = ACES TrustID Business Certificate
Reason: I am the author of this document
Date: 2006.02.07 15:28:34 -0500

Senate Password

Date 2/7/2006

Printed Name and Title Mary M. Tripp, General Counsel



Registrant Name Wexler & Walker Public Policy Associates

Client Name UnitedHealth Group, Inc.

ADDITIONAL LOBBYISTS

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name	Covered Official Position (if applicable)
Bob Walker	

ADDITIONAL LOBBYING ISSUES

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

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AFFILIATED ORGANIZATIONS

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number

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

ADDITIONAL FOREIGN ENTITIES

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

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

Signature Document digitally signed on Page 2.

Date 2/7/2006

Printed Name and Title Mary M. Tripp, General Counsel

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