Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

ĩ

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY OF THE SENATE

02 FEB 14 PM 5: 37

LOBBYING REPORT

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

1. Registrant Name			
FH/GPC			
2. Registrant Address		Suite 410 South	
	State/Zip (or Country)	DC 20005	<u> </u>
3. Principal Place of Business (if differen			
City	State/Zip (or Country)		.
4. Contact Name	2 man (opnoral)		5. Senate ID #
Stephen Cooper	202-737-0100		
7. Client Name Self			6. House ID#
Health Insurance Association	n of America		•
	±	ion Date	11. No Lobby
INCOME OR EXPEN	-		11. No Lobby
INCOME OR EXPEN	SES - Complete Eith	er Line 12 OR Line 13	11. No Lobby
12. Lobbying INCOME relating to lobbying ac	SES - Complete Eith	er Line 12 OR Line 13	Organizations
12. Lobbying INCOME relating to lobbying accertiod was:	SES - Complete Eith	er Line 12 OR Line 13 13. O EXPENSES relating to lobby	Organizations
12. Lobbying INCOME relating to lobbying accepted was: Less than \$10,000	SES - Complete Eith g Firms trivities for this reporting \$75,000.00	er Line 12 OR Line 13 13. O EXPENSES relating to lobby period were:	organizations ing activities for this rep
12. Lobbying INCOME relating to lobbying accepted was: Less than \$10,000 □ \$10,000 or more ☒ >> \$ Provide a good faith estimate, rou	SES - Complete Either Firms stivities for this reporting \$75,000.00 Income (nearest \$20,000) unded to the nearest	er Line 12 OR Line 13 13. O EXPENSES relating to lobby period were: Less than \$10,000	Prganizations Fing activities for this represent \$2 D. Check box to indicate
12. Lobbying INCOME relating to lobbying acceptiod was: Less than \$10,000 □ \$10,000 or more ☒ >> \$ □ Provide a good faith estimate, rough a good of all lobbying related incompared to the stimate.	SES - Complete Either Firms stivities for this reporting \$75,000.00 Income (nearest \$20,000) Income from the client	er Line 12 OR Line 13 13. O EXPENSES relating to lobby period were: Less than \$10,000 \$10,000 or more >> \$ 14. REPORTING METHO	Expenses (nearest \$2 D. Check box to indicate totions for description of
12. Lobbying INCOME relating to lobbying ac period was: Less than \$10,000	SES - Complete Either Firms stivities for this reporting \$75,000.00 Income (nearest \$20,000) Inded to the nearest come from the client istrant by any other entity	er Line 12 OR Line 13 13. O EXPENSES relating to lobby period were: Less than \$10,000 \$10,000 or more >> \$ 14. REPORTING METHO accounting method. See instru	Expenses (nearest \$2 D. Check box to indicate the citions for description of counts using LDA definition on the counts under section 603:
12. Lobbying INCOME relating to lobbying acception was: Less than \$10,000 □ \$10,000 or more ☒ >> \$ □ Provide a good faith estimate, rous \$20,000 of all lobbying related inclined including all payments to the regi	SES - Complete Either Firms stivities for this reporting \$75,000.00 Income (nearest \$20,000) Inded to the nearest come from the client istrant by any other entity	er Line 12 OR Line 13 13. O EXPENSES relating to lobby period were: Less than \$10,000 \$10,000 or more >>\$ 14. REPORTING METHO accounting method. See instru Method A. Reporting am Method B. Reporting am	Expenses (nearest \$2 D. Check box to indicate actions for description of a counts using LDA definitions to the counts under section 603 evenue Code counts under section 1626

Filing #b0e158cd-7a3d-40b3-a0ca-bfd1a8befdfb - Page 1 of 4

Client Name: Health Insurance Association of America LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registion engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, proinformation as requested. Attach additional page(s) as needed. 15. General issue area code MMM (one per page) 16. Specific Lobbying issues Patient Bill of Rights Physician Anti-Trust Exemptions Medicare Prescription Drug Benefits 17. House(s) of Congress and Federal agencies contacted Covered Official Position (if applicable) 18. Name of each individual who acted as a lobbyist in this issue area Name Covered Official Position (if applicable) Cooper, Stephen Jacob, Anny 9. Interest of each foreign entity in the specific issues listed on line 16 above Check if None	Reg	gistrant Name:	FH/GPC				
engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, pre information as requested. Attach additional page(s) as needed. 15. General issue area code MMM	Clie	ent Name:	Health Ins	surance Association of	America		
16. Specific Lobbying issues Patient Bill of Rights Physician Anti-Trust Exemptions Medicare Prescription Drug Benefits 17. House(s) of Congress and Federal agencies contacted ★ Check if None 18. Name of each individual who acted as a lobbyist in this issue area Name Covered Official Position (if applicable) Cooper, Stephen Jacob, Amy 9. Interest of each foreign entity in the specific issues listed on line 16 above ★ Check if None	eng	aged in lobbyin	ng on behalf	of the client during the	reporting period.		
16. Specific Lobbying issues Patient Bill of Rights Physician Anti-Trust Exemptions Medicare Prescription Drug Benefits 17. House(s) of Congress and Federal agencies contacted 18. Name of each individual who acted as a fobbyist in this issue area Name Covered Official Position (if applicable) Cooper, Stephen Jacob, Amy 9. Interest of each foreign entity in the specific issues listed on line 16 above Check if None	15.	General issue	area code	MMM (one per	page)		
Name Covered Official Position (if applicable) Cooper, Stephen Jacob, Amy 9. Interest of each foreign entity in the specific issues listed on line 16 above Check if None	16.	Patient Bill o Physician An	of Rights nti-Trust Ex				
Name Covered Official Position (if applicable) Cooper, Stephen Jacob, Amy 9. Interest of each foreign entity in the specific issues listed on line 16 above Check if None							
Name Cooper, Stephen Jacob, Amy 9. Interest of each foreign entity in the specific issues listed on line 16 above Covered Official Position (if applicable) Covered Official Position (if applicable) Covered Official Position (if applicable)	17.	House(s) of C	ongress and	Federal agencies contac	eted	×	Check if None
Name Cooper, Stephen Jacob, Amy 9. Interest of each foreign entity in the specific issues listed on line 16 above Covered Official Position (if applicable) Covered Official Position (if applicable) Covered Official Position (if applicable)							
Name Covered Official Position (if applicable) Cooper, Stephen Jacob, Amy 9. Interest of each foreign entity in the specific issues listed on line 16 above Covered Official Position (if applicable) Cooper, Stephen Jacob, Amy							
Cooper, Stephen Jacob, Amy 9. Interest of each foreign entity in the specific issues listed on line 16 above Check if None	18.	Name of each	individual w	vho acted as a lobbyist i	n this issue area		
Jacob, Amy 9. Interest of each foreign entity in the specific issues listed on line 16 above Check if None		Name			Covere	d Official Pos	ition (if applicable)
9. Interest of each foreign entity in the specific issues listed on line 16 above Check if None	•	Cooper, Stepl	hen				
9. Interest of each foreign entity in the specific issues listed on line 16 above	ţ.	Jacob, Amy					
9. Interest of each foreign entity in the specific issues listed on line 16 above Check if None					,	· · · · · · · · · · · · · · · · · · ·	
9. Interest of each foreign entity in the specific issues listed on line 16 above Check if None							
9. Interest of each foreign entity in the specific issues listed on line 16 above Check if None							
						<u> </u>	
					ļ,		
	· · · · · ·						
ignature 2/11/2002							
ignature 2/11/2002	19.	Interest of each	h foreign ent	ity in the specific issues	listed on line 16	above	☑ Check if None
	19.	Interest of each	h foreign ent	ity in the specific issues	listed on line 16	above	★ Check if None

î