

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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SECRETARY OF THE SENATE
03 FEB 24 PM 12:00

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 1/1/03

2. House Identification Number 32506

Senate Identification Number _____

REGISTRANT

3. Registrant name Blackwell Sanders Peper Martini

Address 13710 FNB Parkway Suite 200

City Omaha State NE Zip 68150

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

City _____ State/Zip (or Country) _____

5. Telephone number and contact name

402-964-5040 Contact William Protxter E-mail (optional) wprotx@black

6. General description of registrant's business or activities

Government Affairs and Lobbying Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check*

labeled "Self" and proceed to line 10. Self

7. Client name Health Data Management

Address 604 N. 129th Street

City Omaha State NE Zip 68150

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

City _____ State/Zip (or Country) _____

9. General description of client's business or activities

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

Name	Covered Official Position (if applicable)
<u>Hal Daub</u>	



Registrant Name _____ Client Name _____

LOBBYING ISSUES

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

HCR

12. Specific lobbying issues (current and anticipated)

To advocate client interests on rules governing insurance claims processing issues and patient confidentiality measures

AFFILIATED ORGANIZATIONS

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

No => Go to line 14.

Yes | Complete the rest of this section for each entity 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;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of 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 of the lobbying activity?

No => Sign and date the registration.

Yes | Complete the rest of this section for each matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
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Signature William P. Prota Date 2/13/03

Printed Name and Title William B. Procter, Manager, Co

Form LD-1 (Rev. 06/98)