

Clerk of the House of Representatives
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Washington, DC 20515

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Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE SENATE

04 JAN -5 AM 8:30

FILE COPY

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 3/1/2002

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT3. Registrant name Shaw Pittman LLPAddress 2300 N Street, NWCity WashingtonState DCZip 20037

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

City n/a

State/Zip (or Country)

5. Telephone number and contact name

(202) 663-8245

Contact Claudia A. Hrvatin

E-mail (optional)

6. General description of registrant's business or activities

Law 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 Healthspring Management, Inc.Address 44 Vantage Way, Suite 300City NashvilleState TNZip 37228

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

City n/a

State/Zip (or Country)

9. General description of client's business or activities

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)
Bruce M. Fried	
David C. Main	

Registrant Name Shaw Pittman LLP Client Name Healthspring Management, Inc.

LOBBYING ISSUES

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

HCR _____

12. Specific lobbying issues (current and anticipated)

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during 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 meeting the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)
n/a		

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 supervises the lobbying 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 the client or 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
n/a			

Signature _____ Date _____

Printed Name and Title Bruce M. Fried, Partner

Form LD-1 (Rev. 06/98)