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**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration I. Effective Date of Registration 11/01/2002

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

**REGISTRANT**3. Registrant Name **PRESTON GATES ELLIS & ROUVELAS MEEDS LLP**Address **1735 NEW YORK AVE, NW SUITE 500**City **WASHINGTON** State **DC** Zip **20006**

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

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name Contact

**202 628 1700 TERRI PAULK** E-Mail (optional) **TERRIP@PRESTONGATES.COM**

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 be labeled "Self" and proceed to line 10.*  Self

7. Client Name **HEALTH INSURANCE ASSOCIATION OF AMERICA**Address **1201 F Street, NW Suite 500**City **Washington** State **DC** Zip **20004-1204** **USA**

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

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

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

Name	Covered Official Position (if applicable)
<b>STEPHEN COOPER</b>	
<b>AMY FORSHEW</b>	



Registrant Name: PRESTON GATES ELLIS & ROUVELAS MEEDS LLP

Client Name: HEALTH INSURANCE ASSOCIATION OF AMERICA

**LOBBYING ISSUES**

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

**HCR**

12. Specific lobbying issues (current and anticipated)

**Health care initiatives including issues related to government regulation of insurance, tort reform and medical care pi**

**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 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 t criteria above, then proceed to line 14.

Name	Address	Principal Place of Busir (city and state or count

**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 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 outcome of the lobbying activity?

No. Sign and date the registration.

Yes. Complete the rest of this section for each entity matching t criteria above, the sign and date the registration.

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities

Signature  Date 02/14/2003

Printed Name and Title

**STEPHEN COOPER - Government Affairs Counselor**

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Form LD-1 (Rev. 06/98)