

Clerk of the House of Representatives
 Legislative Resource Center
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 Washington, DC 20515

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

SECRETARY OF THE SENATE

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LOBBYING REPORT

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

1. Registrant Name HIP HEALTH PLANS			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 625 Indiana Avenue NW, Suite 200, Washington, DC 20004			
3. Principal Place of Business (if different from line 2) City: New York State/Zip for Country: NY			
4. Contact Name Maria G. Wallace	Telephone (202)393-0660	E-mail (optional) mwallace@hipusa.com	5. Senate ID # 17853-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 3126400

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date: _____ 11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>60,000</u> <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature: *David S. Abernethy* 7/29/00

Printed Name and Title David S. Abernethy, SVP Public Policy & Regulatory Affairs

Registrant Name: HIP Health Plans Client Name: Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues HR 2723 Bipartisan Consensus Managed Care Improvement Act of 1999 - Entire Bill
HR 3426 The Balanced Budget Refinement Act of 1999 - Title V
HR 3092 Save Medicare Beneficiaries Act of 1999 - Entire Bill
HR 1304 Quality Health Care Coalition Act of 1999 - Entire Bill
S 326 Patients Bill of Rights Act - Entire Bill
S 1789 Medicare Medicaid and SCHIP Adjustment Act of 1999 - Title V
S 2541 Prescription Drug Benefit Medicare Expansion for needed Drugs Act Entire Bill

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. Senate

U.S. House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
<u>David S. Abernethy</u>		<input type="checkbox"/>
<u>George B. Strumpf</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title David S. Abernethy, SVP, Public Policy & Regulatory Affairs

Registrant Name HIP Health Plans Client Name Self

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

625 Indiana Avenue, NW Suite 200 Washington, DC 20004

21. Client new principal place of business (if different from line 20)

City New York

State/Zip for Country NY

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

John K. Mills

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

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

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client or affiliated organization

Signature _____ Date _____

Printed Name and Title _____