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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration **02/01/2005**

2. House Identification Number

Senate Identification Number

REGISTRANT

3. Registrant name **Patton Boggs LLP**

Address **2550 M Street, NW**

City **Washington**

State **DC**

Zip **20037**

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

City

State/Zip (or Country)

5. Telephone number and contact name

James B. Christian

Contact **202-457-6484** E-mail (optional)

6. General description of registrant's business or activities

Law firm

CLIENT

7. Client name **Health Insurance Plan of New York**

Address **101 Constitution Avenue NW - Suite 310 East**

City **Washington**

State **DC**

Zip **20001**

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

City **New York**

State/Zip (or Country) **NY**

9. General description of client's business or activities

Health insurance company primarily marketing health benefits in the state of New York.

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

Name	Covered Official Position (if applicable)
Kathy Means	
Ludmila Zawistowich	
George Schutzer	
Benjamin Ginsberg	

Form LD-1 (Rev 06/98)

Registrant Name **Patton Boggs LLP**Client Name **Health Insurance Plan of New York****LOBBYING ISSUES**

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

12. Specific lobbying issues (current and anticipated)

Federal Conversion Tax Legislation; charity tax legislation; legislative and regulatory matters relating Medicare and Medicaid drug benefits.

AFFILIATED ORGANIZATIONS

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

No ⇨ Go to line 14.

Yes

Complete the rest of this section
 entity matching the criteria abov
 proceed to line 14.

Name	Address	Principal Place of Busi: (city and state or coun

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 (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 outcome of the lobbying activity?

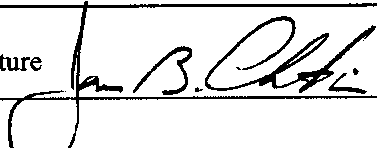
No ⇨ Sign and date the registration

Yes

Complete the rest of this section fo
 entiti matching the criteria above,
 and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	O per

Signature



Date: 08/10/2005

Printed Name and Title **James B. Christian, Partner**

