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LOBBYING REPORT

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

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

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-De

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 Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000) 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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>60,000</u> Expenses (nearest 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA defini <input type="checkbox"/> Method B. Reporting amounts under section 602 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature

Printed Name and Title David S. Abernethy, SVP Public Policy & Reg. Affairs
Filing #e148789f-8999-4ede-95c7-a6d5b9d92644 - Page 1 of 4



Registrant Name HIP Client Name SELF

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

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

16. Specific lobbying issues
Patients Bill of Rights'
Medicare Plus Choice
Medicare Reform

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)
David S. Abernethy	
George B. Strumpf	

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

Signature _____ Date _____

Printed Name and Title _____

