

GREENBERG
ATTORNEYS AT LAW
TRAURIG

SECRETARY OF THE SENATE

99 JUL -7 PM 4:30

July 7, 1999 H.D.

VIA HAND DELIVERY

Clerk of the House
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515

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

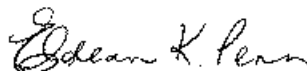
To Whom It May Concern:

Enclosed you will find the Lobbying Registrations for the following clients of Greenberg Traurig:

American Association of Health Plans, Inc.
Amgen, Inc.
Deloitte Consulting
Geo F. Brown and Sons, Inc.
Merck
PCS Health System, Inc.
PhRMA

If you have any questions or require additional information, please contact Christine Schaut, Office Manager, at (202) 331-3116.

Sincerely,


Eldcan K. Penn
Administrative Assistant

Enclosures

GREENBERG TRAURIG HOFFMAN LIPPOLD ROSEN & QUINCY
A PARTNERSHIP OF PROFESSIONAL CORPORATIONS
1300 CONNECTICUT AVENUE, N.W.
WASHINGTON, D.C. 20036
202.331-3100 FAX 202-331-3101
MIAMI NEW YORK WASHINGTON, D.C. PHILADELPHIA SAN PABLO
FORT LAUDERDALE WEST PALM BEACH ORLANDO TAMPA BAY

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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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 2/25/99
 2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant Name **Greenberg Traurig**
 Address **1300 Connecticut Ave, NW** Suite **1000**
 City **Washington** State **DC** Zip **20036**
 4. Principal place of business (if different from line 3)
 City _____ State/Zip (or Country) _____
 5. Telephone number and contact name Contact E-Mail (optional)
202-331-3103 **Howard Vine** **Vineh@GTLAW.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 check the box labeled "Self" and proceed to line 10. Self

7. Client Name **American Association of Health Plans, Inc.**
 Address **1129 20th Street, NW**
 City **Washington** State **DC** Zip **20036**
 8. Principal place of business (if different from line 7)
 City _____ State/Zip (or Country) _____
 9. General description of client's business or activities
Representative of managed care companies on legislative and regulatory issues

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)
Howard Cohen	Counsel, Cmt. on Commerce, U.S. House of Rep.

Registrant Name: Greenberg Traurig

Client Name: American Association of Health Plans, Inc.

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, INS, MMM

12. Specific lobbying issues (current and anticipated)

Managed care, including payment issues regarding Medicare and Choice and potential new regulation of private health care plans

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 the criteria above, then proceed to line 14.

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

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 the 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	Ownership percentage in client

Signature Howard Cohen Date 7/6/99

Printed Name and Title Howard Cohen - Shareholder