

99 DEC -1 AM 9:07

LOBBYING REPORT

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

1. Registrant Name MICHAEL P. FORTIER	
2. Address <input type="checkbox"/> Check if different than previously reported THE FORTIER GROUP 601 PENNSYLVANIA AVENUE, NW SUITE 900 SOUTH WASHINGTON, DC 20004	
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____	
4. Contact Name MICHAEL P. FORTIER	Telephone 202 338-1829
E-mail (optional) MPORTIER@EROLS.COM	5. Senate ID # 47393-12
7. Client Name <input type="checkbox"/> Self CNA INSURANCE COMPANY	6. House ID # 34424000

TYPE OF REPORT 8. Year 99 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 checked="" 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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <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 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 [Signature]

Printed Name and Title MICHAEL FORTIER, PRINCIPAL, THE FORTIER GROUP

Registrant Name MICHAEL FORTISK Client Name CNA Insurance Co.

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 INS (one per page)

16. Specific lobbying issues

Medical Records Confidentiality

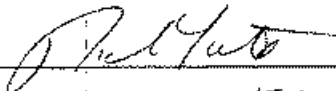
17. House(s) of Congress and Federal agencies contacted Check if None

HOUSE
SENATE

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

Name	Covered Official Position (if applicable)	New
<u>MICHAEL FORTISK</u>		<input type="checkbox"/>
		<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 11/27/99
Printed Name and Title MICHAEL FORTISK, PRINCIPAL