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Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	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 **12/20/2004**

2. House Identification Number **37228000** Senate Identification Number

REGISTRANT

3. Registrant Name **Art Lifson Consulting, LLC**

Address **1155 21st Street NW** **Suite 340**

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)

202-466-2601 **Art Lifson** **art.lifson@verizon.net**

6. General description of registrant's business or activities

A healthcare lobbying and consulting company.

CLIENT

A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should c labeled "Self" and proceed to line 10. ☐ Self

7. Client Name **AMERIGROUP Corporation**

Address **4425 Corporation Lane**

City **Virginia Beach** State **VA** Zip **23462**

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

City State/Zip (or Country)

9. General description of client's business or activities

Company provides managed care services to states and medicaid eligibles

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)
Art Lifson	

Registrant Name: **Art Lifson Consulting, LLC**

Client Name: **AMERIGROUP Corporation**

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.

BUD, HCR, MMM

12. Specific lobbying issues (current and anticipated)

Medicaid reform

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 tl criteria above, then proceed to line 14.

Name	Address	Principal Place of Busin (city and state or counti

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 t 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

Signature _____ Date **02/02/2005**

Printed Name and Title Art Lifson - Princ. PAC

Form LD-1 (Rev. 06/98)