

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY
WASHINGTON, D.C. 20001

Year 2013

Non-Profit For-Profit

ORIGINAL

LOBBYIST REGISTRATION FORM
(See next page for instructions)

AMENDMENT

Filing Fee Enclosed \$250.00
 \$50.00

1. (a) Registrant's Name AmeriHealth District of Columbia
(b) Daytime Phone Number (215)937-8000
(c) Permanent Address 1000 Stevens Drive Philadelphia, PA 19113
(Street Address) (City, State, Zip Code)
(d) Temporary Address (while lobbying) 1825 Eye Street NW Washington, DC 20006
(Street Address) (City, State, Zip Code)
(e) E-Mail Address brownadriane@dicksteinshapiro.com

2. Lobbyist(s) Working for Registrant: List the full name of each in-house person employed and each individual retained by you to lobby on your behalf. If you do not employ an in-house person or retain an individual to lobby, state non-applicable.

(a) Name Robert Mangas
Address 1825 Eye Street NW
(Street Address)
Washington, DC 20006
(City, State, Zip Code)

(b) Name Albert Wynn
Address 1825 Eye Street NW
(Street Address)
Washington, DC 20006
(City, State, Zip Code)

Daytime Phone Number (202)420-2200
 If more space is needed, check box and attach OCF Supplemental Sheet.

Daytime Phone Number (202)420-2200

3. Person Compensating Registrant: List the full name of each client with whom you have an agreement for compensation to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

(a) Name AmeriHealth
(c) Address 1000 Stevens Drive
(Street Address)
(d) Nature of Business Healthcare

(b) Daytime Phone Number (215)937-8000
Philadelphia, PA 19111
(City, State, Zip Code)

4. Terms of Compensation: (a) \$10,000/mo. retainer
(Salary)

(b) Indefinite
(Duration of Employment)

If more space is needed, check box and attach OCF Supplemental Sheet.

5. Identify each matter by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

Dickstein Shapiro LLP and AmeriHealth have been retained to monitor and provide outreach on the implementation of the Medicaid Services Contract.

I, the undersigned, declare under oath and on penalty of perjury that the statements contained in this Lobbyist Registration Form are, to the best of my knowledge, true, correct, and complete.

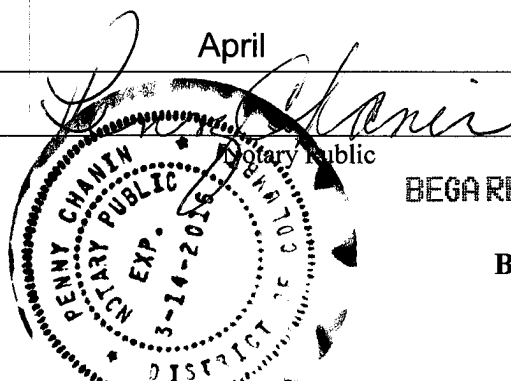
[Handwritten Signature]

Signature of Registrant (or, if not an individual, an authorized officer or agent* of registrant must sign)

*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.

Subscribed and sworn to before me on this 10th day of April, 2013.

My Commission Expires: NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires March 14, 2016



BEGA REC'D 17APR'13