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SECRETARY OF THE SENATE
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LOBBYING REPORT

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

1. Registrant name PacifiCare Health Systems, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 5995 Plaza Drive Cypress CA 90630			
3. Principal place of business (if different than line 2) City State/Zip or Country			
4a. Contact Name Ms. Leigh Volkland		b. Telephone number 714-226-3211	c. E-mail leigh.volkland@phs.com
			5. Senate ID # 30597-
7. Client Name <input checked="" type="checkbox"/> Self PacifiCare Health Systems, Inc.			6. House ID # 32170C

TYPE OF REPORT 8. Year 2004 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 Act

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 type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>400,000</u></p> <p>14. REPORTING METHOD. Check box to indicate expected accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e)(1)(B) Internal Revenue Code</p>

Edit >

Signature _____ Date _____

Printed Name and Title Leigh Volkland, Director, Government Relations

Registrant Name PacifiCare Health Systems, Inc.

Client Name PacifiCare Health Systems, Inc.

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

15. General issue area code HCR - Health Issues (one per page)

16. Specific lobbying issues

Disease Management

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

U.S. House of Representatives
U.S. Senate
Dept. of Health and Human Services (plus Center for Medicare and Medicaid Services)

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

Name			Covered Official Position (if applicable)
Nick	Franklin	Mr.	
Janet	Newport	Ms.	
Joe	Guinn	Mr.	
Leigh	Volkland	Ms.	
Jennifer	Martin	Ms.	

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

Signature _____

Date _____

Registrant Name PacifiCare Health Systems, Inc. Client Name PacifiCare Health Systems, Inc.

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

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Medicare Modernization Act

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

U.S. House of Representatives
 U.S. Senate
 Department of Health and Human Services (plus Center for Medicare and Medicaid Services)
 White House

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

Name			Covered Official Position (if applicable)
Nick	Franklin	Mr.	
Joe	Newport	Ms.	
Joe	Guinn	Mr.	
Leigh	Volkland	Ms.	
Jennifer	Martin	Ms.	

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

Registrant Name PacifiCare Health Systems, Inc. Client Name PacifiCare Health Systems, Inc.

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

15. General issue area code PHA - Pharmacy (one per page)

16. Specific lobbying issues

Pharmacy Benefit Managers (PBM)
Mail Order Pharmacy

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

U.S. House of Representatives
U.S. Senate
Department of Health and Human Services (plus Center for Medicare and Medicaid Services)

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

Name			Covered Official Position (if applicable)
Nick	Franklin	Mr.	
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Registrant Name PacifiCare Health Systems, Inc. Client Name PacifiCare Health Systems, Inc.

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different than line 20)

City

State/Zip

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Nick Franklin Mr.

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
American Medical Securities (AMS)	3100 AMS Blvd Green Bay WI 54313 USA	

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage of client

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, affiliated organization

Signature

Leigh Volkland

Date

Feb 7, 2005

Printed Name and Title Leigh Volkland, Director, Government Relations

