

Clerk of the House of Representatives  
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 Washington, DC 20515

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SECRETARY OF THE SENATE  
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05 APR -4 PM 3:0

# LOBBYING REPORT

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

1. Registrant Name <u>NYPROLOA INC.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>115 Broadway Suite 1504</u>			
3. Principal Place of Business (if different from line 2) City: <u>N.Y.C.</u> State/Zip (or Country) <u>N.Y. 10006</u>			
4. Contact Name <u>FRANCISCO DIAZ</u>	Telephone <u>212-566-5600</u>	E-mail (optional) <u>fdiaz@TsmoBurgis.Com</u>	5. Senate ID # <u>5498</u>
7. Client Name <input type="checkbox"/> Self <u>Empire Blue Cross Blue Shield AKA Wellchoice Inc</u>			6. House ID # <u>3624</u>

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-Dec 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇒ Termination Date December 31, 2003

11. No Lobbying

## INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></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 checked="" type="checkbox"/> ⇒ \$ <u>20,000</u>  <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><b>13. Organizations</b></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><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of methods.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature   *Tonio Burgos*  

Printed Name and Title   *Tonio Burgos, President*  

LD-2 (REV. 6/98)

f



Signature TONIO BURGOS Date JULY 2010

Printed Name and Title TONIO BURGOS, President

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05 APR -14 PM 3:00

# LOBBYING REPORT

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

1. Registrant Name <u>NYPROCOA, Inc</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>115 Broadway Suite 1504</u>			
3. Principal Place of Business (if different from line 2) City: <u>New York</u> State/Zip (or Country) <u>NY 10006</u>			
4. Contact Name <u>Francisco Diaz</u>	Telephone <u>212-566-5600</u>	E-mail (optional)	5. Senate ID # <u>5498</u>
7. Client Name <input type="checkbox"/> Self <u>WELL Choice Inc. (DBA Empire Blue Cross)</u>			6. House ID # <u>36240</u>

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

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Signature Tonio Burgos

Printed Name and Title Tonio Burgos President



Registration No. NYPR2000A, Inc Client Name Empire Blue Cross (DBA We

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

15. General issue area code HLR (one per page)

16. Specific lobbying issues

NONE

17. House(s) of Congress and Federal agencies contacted

Check if None

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

Name	Covered Official Position (if applicable)
TONIO BURGOS	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature Tonio Burgos Date July, 6, 2000

Printed Name and Title Tonio Burgos, President



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4. Contact Name <u>Francisco DIAZ</u>	Telephone <u>212-566-5600</u>	E-mail (optional)	5. Senate ID # <u>5498</u>
7. Client Name <input type="checkbox"/> Self <u>WELLCHOICE Inc (DBA Empire Blue Cross Blue Shield)</u>			6. House ID # <u>3624</u>

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Signature Tonio Burgos

Printed Name and Title Tonio Burgos President



Reporting Period NYPRSCA Inc Client Name Empire Blue Cross (NSA Well)

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant was 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 HCR (one per page)

16. Specific lobbying issues

NONE

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

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

Name	Covered Official Position (if applicable)
<u>Tonio Burgos</u>	

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

Signature Tonio Burgos Date Dec. 31,

Printed Name and Title Tonio Burgos, President

