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LOBBYING REPORT

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

1. Registrant name					
Organization Regence BlueShield					
2. Address Check if different than previously reported					
Address1 1800 Ninth Avenue	PO Box 21267				
City Seattle State V	VA Zip Code Country US				
3. Principal place of business (if different than line 2)	remarks () and the Secretary Secretaristic Constitution () September () Secretaristic () Secretaristic ()				
A Marie Company of the company of th	Zip Code 98111-3267. Country US				
City State State/Z	ip or Country				
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail 5. Senate ID #				
Ms. Nancy , Ellison nelli	son@regence.com 87734				
7. Client Name Self Regence BlueShield	6. House ID #				
Constitution of the control of the c	- Tribition of partition disconnected functional of a contamental contaments. See the second of the				
TYPE OF REPORT 8. Year 2005 Midyear (Januar	y 1-June30) X OR Year End (July 1-December				
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 Acti				
INCOME OR EXPENSES - Complete Either Line 1	2 OR Line 13				
12. Lobbying Firms	13. Organizations				
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting were:				
Less than \$10,000	Less than \$10,000				
\$10,000 or more	\$10,000 or more				
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate expe accounting method. See instructions for description of opti-				
payments to the registrant by any other entity for lobbying	Method A. Reporting amounts using LDA definitions or				
activities on behalf of the client).	Method B. Reporting amounts under section 6033(b)(8 Internal Revenue Code				
	Method C. Reporting amounts under section 162(e) of t Revenue Code				
Printed Name and Title Nancy Ellison, Director, Public Pol	Form Co				
Printed Name and Title Indicy Ellison, Director, Public Pol	icy & Government Programs				

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Registrant Name Regence BlueShield		Client Name Regence BlueShield			
	alf of the client during the	necessary to reflect the general issue areas in which the reporting period. Using a separate page for each cods needed.			
15. General issue area code	HCR - Health Issues	(one per page)			
16. Specific lobbying issues	ı	Add page to continue specific issues description for this issue			
Association Health Plans Small Business Health F Health Care Choice Act of	airness Act of 20005 (S406				
17. House(s) of Congress ar	nd Federal agencies contac	cted Check if None			
House of Representative Senate	S				
18. Name of each individua	l who acted as a lobbyist i	n this issue area Add a page to continue additing lobbyists for t			
Nam	==	Covered Official Position (if applicable)			
First Name Las Nancy Ellison	t Name Suffix Ms.				
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		s listed on line 16 above Check if None			
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Information Upda	ate Page -	Comp	lete ONLY	where regi	stration	infor	mation h	as change	d.
20. Client new address									
Address							***		***
City				State	Z.	ip Code		Count	· ·
21. Client new principa	ıl place of busi	ness (if c	different than li	ne 20)			FI TO ME INC.	COMMUNICATION E	
City City				State	i,	p Code		Count	у
22. New general descri	ption of client'	s busines	ss or activities	***************************************				***************************************	************
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LOBBYIST UPDA	TF.								
23. Name of each pre		ted indi	vidual who is	no longer e	expected t	to act a	s a lobbyi	st for the cl	ient
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