

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
---	--

RECEIVED
SECRETARY OF THE
04 MAR -1 PM 11

LOBBYING REPORT

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

1. Registrant Name BlueCross BlueShield of Tennessee			
2. Address <input type="checkbox"/> Check if different than previously reported 85 N. Danny Thomas Blvd.			
3. Principal Place of Business (if different from line 2) Memphis, TN 38103 City: State/zip (or Country)			
4. Contact Name Calvin Anderson	Telephone (901) 544-2105	E-mail (optional) calvin_anderson@bcbst.com	5. Senate ID # 6440-12
7. Client Name <input type="checkbox"/> Self Calvin Anderson			6. House ID # 33435003

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

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

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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"/> ⇨ \$ _____ Income (nearest \$20,000)</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>EXPENSES relating to lobbying activities for this report period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitio</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(I Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e Internal Revenue Code</p>

Signature

Calvin Anderson

Date **Jan. 26, 2004**

Registrant Name BlueCross BlueShield of Tennessee Client Name Calvin Anderson

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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicare Contractor Funding

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

House
Senate

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

Name	Covered Official Position (if applicable)
Calvin Anderson	Vice President

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

Signature Calvin Anderson Date Jan 26, 2004

Registrant Name BlueCross BlueShield of Tennessee Client Name Calvin Anderson

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 HCR (one per page)

16. Specific lobbying issues

AHPS (Association Health Plans) H.R. 660
HSA (Health Savings and Affordability Act) H.R. 2596

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

House
Senate
-

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

Name	Covered Official Position (if applicable)
Calvin Anderson	Vice President

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

Signature Calvin Anderson Date Jan 26, 2004

Registrant Name BlueCross BlueShield of Tennessee Client Name Calvin Anderson

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 (one per page)

16. Specific lobbying issues

Medicare Reform (S.1) (H.R. 2473)
Medicare Regulatory and Contracting

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

House
Senate
-

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

Name	Covered Official Position (if applicable)
Calvin Anderson	Vice President

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

Signature Calvin Anderson Date Jan 26, 2004

Printed Name and Title _____

Form LD-2 (Rev. 4/03)

Page 4

Registrant Name BlueCross BlueShield of Tennessee Client Name Calvin Anderson

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 (one per page)

16. Specific lobbying issues

Prescription Drugs
Access to Affordable Pharmaceuticals Act (S. 812)

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

House
Senate

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

Name	Covered Official Position (if applicable)
Calvin Anderson	Vice President

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

Signature Calvin Anderson Date Jan 26, 2004

Registrant Name BlueCross BlueShield of Tennessee Client Name Calvin Anderson

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

20. Client new address

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

City

State/Zip (or Country)

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

ISSUE UPDATE

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bus (city and state or cou

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

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

Signature Calvin Anderson Date Jan 26, 2004

