

AMERICAN CONTINENTAL GROUP, INC.

SUITE 850  
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WASHINGTON, D.C. 20006

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September 7, 2001

Secretary of the Senate  
Office of Public Records  
232 Hart Senate Office Building  
Washington, DC 20510

To whom it may concern:

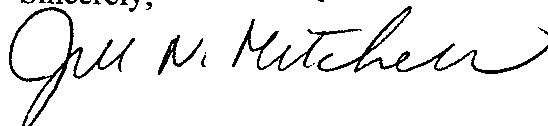
American Continental Group will now be lobbying on behalf of Independence Blue Cross at the federal level. Enclosed in the completed Lobbying Registration form.

Due to an administrative oversight this registration was not filed. We are sorry for the delinquency, and any inconvenience.

If there are any questions please feel free to notify us immediately.

Thank you.

Sincerely,



Jill N. Mitchell



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
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SECRETARY OF THE  
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## LOBBYING REGISTRATION

### Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 7/1/01  
 2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

### REGISTRANT

3. Registrant Name **American Continental Group, Inc.**  
 Address **2099 Pennsylvania Avenue, NW** **Suite 850**  
 City **Washington** State **DC** Zip **20006** **United States**  
 4. Principal place of business (if different from line 3)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
 5. Telephone number and contact name Contact E-Mail (optional)  
**202-419-2500** **Beth Anne Cole** **cole@acgreg.com**  
 6. General description of registrant's business or activities  
**Political Consultants**

**CLIENT** *A lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10.  Self*

7. Client Name **Independence Blue Cross**  
 Address **1901 Market Street** **38th Floor**  
 City **Philadelphia** State **PA** Zip **19103** **United States**  
 8. Principal place of business (if different from line 7)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
 9. General description of client's business or activities  
**Health Care provider**

### LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for this client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<b>David Metzner</b>	
<b>Shawn Smeallie</b>	
<b>Peter Terpeluk</b>	



Registrant Name: American Continental Group, Inc.

Client Name: Independence Blue Cross

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

**HCR**

12. Specific lobbying issues (current and anticipated)

**Medicare and HMO's**

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or major part plans, supervises, or controls the registrant's lobbying activities?

No. Go to line 14.

Yes. Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

**FOREIGN ENTITIES**


14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities of the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No. Sign and date the registration.

Yes. Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities

Signature  Date 9/7/2001  
 Printed Name and Title Peter Terpeluk - Managing Director

