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Legislative Resource Center
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Washington, DC 20515

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Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE SENATE

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H.O.

LOBBYING REPORT

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

| | | | |
|--|------------------------------------|---|----------------------------------|
| 1. Registrant Name Blue Cross and Blue Shield of Alabama | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 450 Riverchase Parkway East Birmingham, Alabama 35298-0001 | | | |
| 3. Principal Place of Business (if different from line 2) City: same State/Zip (or Country) | | | |
| 4. Contact Name Charles R. Hartsell | Telephone (205) 988-2126 | E-mail (optional) CHARTSELL@BCBSAL.ORG. | 5. Senate ID # 6360-12 |
| 7. Client Name <input checked="" type="checkbox"/> Self | 6. House ID # 32388000 | | |

TYPE OF REPORT 8. Year 1999 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 Activity

| | |
|---|--|
| INCOME OR EXPENSES - Complete Either Line 12 OR Line 13 | |
| 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> => \$ _____ Income (nearest \$20,000) 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). | 13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> => \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code |

Signature _____

Printed Name and Title Charles R. Hartsell, Senior Vice President of Claims and Legislative Affairs

LD-2 (REV. 6/99)

PAGE 1 of 5

Registrant Name Blue Cross and Blue Shield Client Name Self
of Alabama

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

16. Specific lobbying issues

Medicare Contractor Budget -- Labor HHS Appropriation (no bill yet)

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

Senate

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

| Name | Covered Official Position (if applicable) | New |
|---------------------|---|--------------------------|
| Charles R. Hartsell | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name Blue Cross and Blue Shield of Alabama Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant 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
No Activity

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) | New |
|-------------|---|--------------------------|
| No Activity | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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

Signature _____ Date _____

Printed Name and Title _____

Registrant Name Blue Cross and Blue Shield Client Name Self
of Alabama

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

16. Specific lobbying issues
No Activity

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) | New |
|-------------|---|--------------------------|
| No Activity | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
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Signature _____ Date _____

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

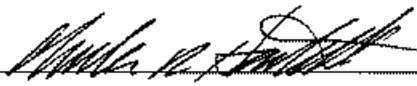
16. Specific lobbying issues
No Activity

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) | New |
|-------------|---|--------------------------|
| No Activity | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
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| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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

Signature  Date July 13, 1999

Printed Name and Title Charles R. Hartzell, Senior Vice President of Claims and Legislative Affairs