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 SEC. STAFF OF THE
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LOBBYING REPORT

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

1. Registrant Name <u>BlueCross BlueShield of Tennessee</u>	
2. Address	<input type="checkbox"/> Check if different than previously reported
<u>85 North Danny Thomas Blvd.</u>	
3. Principal Place of Business (if different from line 2)	
City: <u>Memphis,</u>	State/Zip (or Country) <u>Tennessee 38103</u>
4. Contact Name	Telephone
<u>Calvin Anderson</u>	<u>(901) 544-2105</u>
	E-mail (optional)
	<u>Calvin.Anderson@cbbst.com</u>
5. Senate	6440
7. Client Name	<input type="checkbox"/> Self
6. House	3343

TYPE OF REPORT 8. Year 2001 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 Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</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 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>13. Organizations</p> <p>EXPENSES relating to lobbying activities for the period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA Code</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 170(e)(2)(B) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 170(e)(2)(C) Internal Revenue Code</p>

Signature Calvin Anderson

Printed Name and Title Calvin Anderson, Vice President, Corporate Affairs

LD-2 (REV. 6/98)

Registrant Name BlueCross BlueShield of TN Client Name Calvin Anderson

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

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

16. Specific lobbying issues

PBOR (Patients' Bill of Rights) HR2315 (Fletcher)

Patient Protection Act HR2563 (Ganske) S. 1052 (McCain)

AHP's, MEWAs, Administrative Simplification HR1774 (Fletcher)

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

House, Senate, CMS

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

Name	Covered Official Position (if applicable)
<u>Calvin Anderson</u>	<u>Vice President</u>
<u>Ron Harr</u>	<u>Vice President</u>
.....
.....
.....
.....
.....

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

Signature Calvin Anderson Date February

Printed Name and Title Calvin Anderson, Vice President, Corporate Affairs

Form LD-2 (Rev. 6/98)

Registrant Name BlueCross BlueShield of TN Client Name Calvin Anderson

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

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


Medicare Reform

16. Specific lobbying issues

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

House, Senate, HHS

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

Name	Covered Official Position (if applicable)
<u>Calvin Anderson</u>	<u>Vice President</u>
<u>Ron Harr</u>	<u>Vice President</u>
	
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Calvin Anderson Date February 13

Printed Name and Title Calvin Anderson, Vice President, Corporate Affairs

Form LD-2 (Rev.6/98)

Registrant Name BlueCross BlueShield of TN Client Name Calvin Anderson

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

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

16. Specific lobbying issues

Medicare Reform Act S. 1135 (Graham)

Medicare Appeals, Regulatory Act S 1738 (Kerry)

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

House, Senate, HHS

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

Name	Covered Official Position (if applicable)
Calvin Anderson	Vice President
Ron Harr	Vice President
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.....
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Calvin Anderson

Date February 1

Printed Name and Title Calvin Anderson, Vice President, Corporate Affairs

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Registrant Name BlueCross BlueSheild of TN 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 (city and state)

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 contrib for lobbying activ

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

Signature Calvin Anderson Date 2/13/0

Printed Name and Title Calvin Anderson, Vice President, Corporate Affairs

Form 10-D-2 (Rev. 1/98)