



**Independence
Blue Cross**

SECRETARY OF THE SENATE

02 JUN -7 PM 2:44

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April 23, 2002

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, D.C. 20510

**RE: INDEPENDENCE BLUE CROSS FAMILY
OF COMPANIES LOBBYING REPORTS**

Dear Clerk:

In compliance with the Lobbying Disclosure Act of 1995, enclosed please find t
Form LD-2, Lobbying Reports for the following report periods:

- 1999 Year End - July 1-December 31, 1999**
- 2000 Mid Year - January 1-June 30, 2000**
- **2001 Mid Year - January 1-June 30, 2000**
- 2001 Year End - July 1-December 31, 2001**

Should you have any questions about the aforementioned reports, please conta
me at 215-241-2435. Thank you for your attention to this matter.

Very truly yours,

Lorina Marshall-Blake
Vice President
Government Relations

LMB:mldr
W:\MEMOS\Lobbying Reports from 1999-2001 for the Sec. of Senate.doc

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Ins. Co., and with Pennsylvania Independent Licensees of the Blue Cross and Blue Shield Association.

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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
02 JUN -7 1

LOBBYING REPORT

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

1. Registrant Name Independence Blue Cross Family of Companies			
2. Address <input type="checkbox"/> Check if different than previously reported 1901 Market Street, 38th Floor			
3. Principal Place of Business (if different from line 2) City: Philadelphia State/Zip (or Country) PA 19103			
4. Contact Name Lorina Marshall-Blake	Telephone (215) 241-2435	E-mail (optional) lorina.marshall@ibx.com	5. Senate ID 19
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 33

TYPE OF REPORT 8. Year 1999 Midyear (January 1-June 30) OR Year End (July 1-D

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 Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$2</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA def</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>
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Signature _____

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 Bu (city and state or co

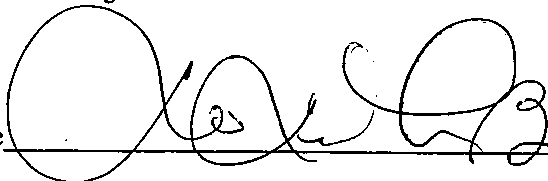
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

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  Date 4/23/2012

