

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

02 MAY

LOBBYING REPORT

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

1. Registrant Name <u>Blue Cross and Blue Shield of Florida, Inc.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>4800 Deerwood Campus Parkway (DCC304)</u>			
3. Principal Place of Business (if different from line 2) City: <u>Jacksonville,</u> State/Zip (or Country) <u>Florida 32246</u>			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
<u>Michael R. Hightower</u>	<u>(904) 905-6268</u>		<u>6382-12</u>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <u>314000</u>

TYPE OF REPORT 8. Year 2001 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 Lobbyi

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 r period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>220,000</u> Expenses (nearest \$20,000)</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 defu</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 61 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1. Internal Revenue Code</p>
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Signature

Printed Name and Title Michael R. Hightower, VP of Governmental and Legislative

Blue Cross and Blue Shield

Registrant Name of Florida, Inc. Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the client was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and 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, CMS

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

Name	Covered Official Position (if applicable)
Jeffrey R. Wollitz	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date _____

Printed Name and Title Michael R. Hightower, VP of Governmental and Legislative Relations

Registrant Name of Florida, Inc. Client Name _____

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

- Patients' Bill of Rights/H.R. 2315 entire bill
- Bipartisan Patient Protection Act/H.R. 2563/S. 1052 entire bill
- Small Business Health Fairness Act/H.R. 1774 AHPs, MEWAs, Administrative Simpl
- Mental Health Equitable Treatment Act/S. 543 entire bill
- Amendment to Part C of the Social Security Act/H.R. 1975 HIPAA Privacy Rule

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)
<u>Jeffry R. Wollitz</u>	

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

Signature _____ Date _____

Printed Name and Title Micahel R. Hightower, VP of Governmental and Legislative Relations

Registrant Name of Florida, Inc. Client Name _____

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

Tax Credits for the Purchase of Insurance
FEHBP Benefits

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)
Jeffrey R. Wollitz	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date _____

Printed Name and Title Michael R. Hightower, VP of Governmental and Legislative Relations

Registrant Name of Florida, Inc. Client Name _____

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

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

16. Specific lobbying issues

Medicare Reform Act/S. 1135 entire bill
Medicare Appeals, Regulatory and Contracting Improvement Act/S. 1738 entire bill
Medicare Regulatory and Contracting Reform Act/H.R. 3391 entire bill
Medicare reform, Medigap reform, Medicare + Choice, Medicare prescription drug

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

House, Senate, CMS, HHS

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

Name	Covered Official Position (if applicable)
Jeffry R. Wollitz	

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

Signature _____ Date _____

Printed Name and Title Michael R. Hightower, VP of Governmental and Legislative Relations

Registrant Name of Florida, Inc. Client Name _____

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

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

16. Specific lobbying issues

Greater Access to Affordable Pharmaceuticals Act/H.R. 1862
Prescription drugs, drug safety, pharmaceutical costs

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

House

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

Name	Covered Official Position (if applicable)
Jeffry R. Wollitz	

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

Signature _____ Date _____

Printed Name and Title Michael R. Hightower, VP of Governmental and Legislative Relation

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 B (city and state or c
See attachment A	See attachment A	See attachment A

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

Hill and Knowlton, Inc. 700 New Hampshire Ave. NW; Washington, D.C. 20037

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 _____

Printed Name and Title Michael R. Hightower, VP of Governmental and Legislative Relatic

Attachment A

Affiliated Organizations

25. Add the following affiliated organization(s)

Name	Address	Principle Place of Business (City and State or Country)
First Coast Service Options, Inc.	532 Riverside Avenue Jacksonville, FL 32202	Jacksonville, FL
Florida Combined Life Insurance Company, Inc.	8665 Baypine Road Jacksonville, FL 32256	Jacksonville, FL
Health Options, Inc.	P.O. Box 44165 Jacksonville, FL 32231	Jacksonville, FL
Navigy, Inc.	4800 Deerwood Campus Parkway Jacksonville, FL 32246	Jacksonville, FL
Tri Centurion, LLC	300 Arbor Lake Drive Suite 800 Columbia, SC 29202-3282	Columbia, SC
Trammel and Company	4334 P Street NW Washington, D.C. 20007	Washington, D.C.

