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LOBBYING REPORT

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

1. Registrant Name Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company			
2. Address <input type="checkbox"/> Check if different than previously reported P.O. Box 1043 Jackson, MS 39215-1043			
3. Principal Place of Business (if different from line 2) City: same State/Zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
John H. Proctor III	601-664-4475		6427
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #
			3382900

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-De

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 Lobbyir

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this re period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest
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).	14. REPORTING METHOD. Check box to indica accounting method. See instructions for description c
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA defin
	<input type="checkbox"/> Method B. Reporting amounts under section 60: Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code

Signature _____

Printed Name and Title: Charles Pace / Governmental Affairs & Compliance
Filing #54a31c61-a46f-4155-9590-b63988651c79 - Page 1 of 4



Blue Cross & Blue Shield of Mississippi, Self
Registrant Name A Mutual Insurance Company Client Name _____

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

16. Specific lobbying issues

S. 1052
H.R. 526

17. House(s) of Congress and Federal agencies contacted

Check if None

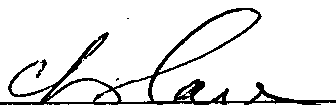
House / Senate

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

Name	Covered Official Position (if applicable)
Charles Pace	

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

Check if None

Signature  Date 07/24/2001

Printed Name and Title Charles Pace / Governmental Affairs & Compliance

