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LOBBYING REPORT

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

1. Registrant Name Trammell & Company			
2. Address <input type="checkbox"/> Check if different than previously reported 1220 19th Street, NW, Suite 804			
3. Principal Place of Business (if different from line 2) Washington DC 20036 City: State/zip (or Country)			
4. Contact Name Jason Eberstein	Telephone (202) 223-3305	E-mail (optional) jeberstein@trammellandcompany.	5. Senate ID # 84478-36
7. Client Name <input type="checkbox"/> Self Blue Cross Blue Shield of Florida			6. House ID # 6510000

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Decen

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____

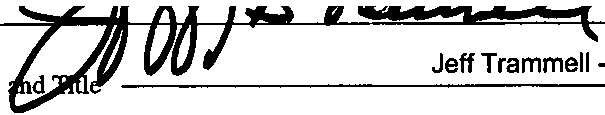
11. No Lobbying

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 checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> 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 this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opti</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitior</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(t Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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8/1/03

Signature _____ Date _____



Jeff Trammell - President

Printed Name and Title _____

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name Trammell & Company Client Name Blue Cross Blue Shield of Florida

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

16. Specific lobbying issues

Medicare/ Healthcare Issues

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

House and Senate

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

Name	Covered Official Position (if applicable)
Jeffrey Trammell	
Jason S. Eberstein	
Robert Six	

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

Signature *AMB Trammell* Date 8/1/03

Printed Name and Title Jeff Trammell - President

Form LD-2 (Rev. 4/03)

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