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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 THE SENATE
05 JAN -6 PM 1:51

LOBBYING REPORT

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

1. Registrant Name Health Care Service Corporation (Blue Cross Blue Shield)

2. Address Check if different than previously reported
300 EAST RANDOLPH STREET

3. Principal Place of Business (if different from line 2)
City: CHICAGO State/Zip (or Country) IL. 60601

4. Contact Name <u>Robert Kieckhefer</u>	Telephone <u>(312) 653-6629</u>	E-mail (optional)	5. Senate ID # <u>6462</u>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <u>3332</u>

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec 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

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 this reporting 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 of methods.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60109 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature



Printed Name and Title

Robert Kieckhefer, VP Public Affairs

Registrant Name Health Care Service Corp. Client Name Self

00000010493

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant 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

ASSOCIATION HEALTH PLANS (AHPs)
§ 545
HR 660

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

SENATE AND HOUSE

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

Name	Covered Official Position (if applicable)
<u>Robert Kieckhefer</u>	
<u>Clara Bartsch</u>	
<u>Stacy Demro</u>	

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

Signature [Handwritten Signature]

Date 1-3-05

Printed Name and Title Robert Kieckhefer, VP Public Affai

Blue Cross Blue Shield of IL, 00000010494
Registrant Name Health Care Service Corp. Client Name Self

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

N/A

21. Client new principal place of business (if different from line 20)

City

N/A

State/Zip (or Country)

22. New general description of client's business or activities

N/A

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

NO RECENT CHANGES

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

NO CHANGES

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
N/A		

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

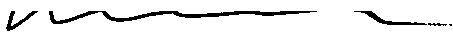
FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
N/A			

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

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Signature  Date 1-3-05

Printed Name and Title Robert Kieckhefer, VP Public Affa