

|   |  |
|---|--|
| Clerk of the House of Representatives<br>Legislative Resource Center<br>B-106 Cannon Building<br>Washington, DC 20515 | Secretary of the Senate<br>Office of Public Records<br>232 Hart Building<br>Washington, DC 20510 |
|---|--|

SECRETARY OF THE SENATE

03 FEB 28 PM 2: 52

**LOBBYING REPORT**

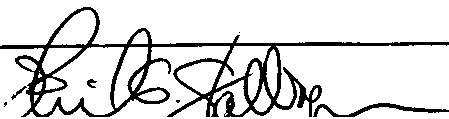
Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

|  |                             |                   |                      |
|--|-----------------------------|-------------------|----------------------|
| 1. Registrant Name<br>BCBSM, Inc. (32499000)   |                             |                   |                      |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br>P.O. Box 64560, Mail Station 3-27 |                             |                   |                      |
| 3. Principal Place of Business (if different from line 2)<br>City: St. Paul State/Zip (or Country) Minnesota         |                             |                   |                      |
| 4. Contact Name<br>Robert Milis  | Telephone<br>(651) 662-8029 | E-mail (optional) | 5. Senate ID #<br>56 |
| 7. Client Name <input checked="" type="checkbox"/> Self<br>Self  |                             |                   | 6. House ID #        |

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-Dec) 
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 align="center"><b>12. Lobbying Firms</b></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"/> ⇨ \$ _____<br/>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"><b>13. Organizations</b></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"/> ⇨ \$ <u>21,300.00</u><br/>Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</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> |
|---|--|

Signature



Printed Name and Title

PHILIP G. STALBOERGER

LD-2 (REV. 6/98)

DIRECTOR OF LEGISLATIVE AFFAIRS

Registrant Name BCBSM, Inc. (32499000) Client Name Self

**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 cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Healthcare Reform-General Uninsured, Insurance Reform - Guarantee Issue, Individual Market Reform  
"Patients Bill of Rights Act" (H.R. 2315) "Bipartisan Patient Protection Act" (H.R. 2563 \ S. 1052) entire bills  
"Small Business Health Fairness Act" (H.R. 1774 \S. 848), AHPs, MEWAs  
"Health Plan Purchasing Alliance Act" (S2035)  
"Mental Health Equitable Treatment Act" (S. 543) entire bill, Mental Health Parity  
Trade Adjustment Act, Trade Promotion Authority - sections pertaining to health insurance coverage

Lobbying Issues for this General Issue Area are continued on next page..

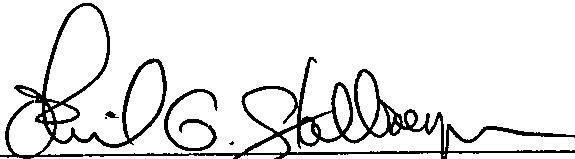
17. House(s) of Congress and Federal agencies contacted  Check if None

House, Senate, CMS

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

| Name               | Covered Official Position (if applicable) |
|--------------------|---|
| Mary Prentnieks    | .....                                     |
| Philip Stalboerger | .....                                     |
| .....              | .....                                     |
| .....              | .....                                     |
| .....              | .....                                     |
| .....              | .....                                     |
| .....              | .....                                     |
| .....              | .....                                     |

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

Signature  Date 3/14/03

Printed Name and Title

PHILIP G. STAUBERGER

Form LD-2 (Rev. 6/98)

DIRECTOR OF LEGISLATIVE AFFAIRS

Page

Registrant Name BCBSM, Inc. (32499000) Client Name Self

**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

DOL Claims Rule  
FEHBP Benefits, Cost Accounting Standards with regard to FEHBP

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) |
|--------------------|---|
| Mary Pretnieks     | .....                                     |
| Philip Stalboerger | .....                                     |
| <i>Kathy Mock</i>  | .....                                     |
|                    | .....                                     |
|                    | .....                                     |
|                    | .....                                     |
|                    | .....                                     |
|                    | .....                                     |

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

Signature *[Handwritten Signature]* Date 3/14/03

Printed Name and Title

Director of Legislative Affairs  
Philip Stalder

Form LD-2 (Rev. 6/98)

Page

Registrant Name BCBSM, Inc. (32499000) Client Name Self

**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 LBR (one per page)

16. Specific lobbying issues

Antitrust, physician collective bargaining, no bill

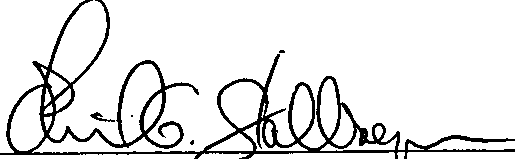
17. House(s) of Congress and Federal agencies contacted  Check if None

House, Senate

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

| Name            | Covered Official Position (if applicable) |
|-----------------|---|
| Mary Prentnieks |   |
| .....           | .....                                     |
| .....           | .....                                     |
| .....           | .....                                     |
| .....           | .....                                     |
| .....           | .....                                     |
| .....           | .....                                     |
| .....           | .....                                     |
| .....           | .....                                     |
| .....           | .....                                     |

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

Signature  Date 3/14/03

Printed Name and Title

PHILIP G. STALBOERGER

DIRECTOR OF LEGISLATIVE AFFAIRS

Form LD-2 (Rev.6/98)

Page

Registrant Name BCBSM, Inc. (32499000) Client Name Self

**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 cod information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

\*Medicare Reform Act"/S. 1135 ( Graham) entire bill  
\*Medicare Appeals, Regulatory, and Contracting Improvement Act"/S. 1738 ( Kerry) entire bill  
\*Medicare Regulatory and Contracting Reform Act"/H.R. 3391 ( Johnson) entire bill  
\*Medicare Reform, Medigap Reform, Medicare+Choice, Medicare Contractor Reform, medicare Contractor Liability  
\*Medicare Prescription Drug Benefit, "Medicare Prescription Drug Benefit Act" (S. 2729)  
\*Medicare Mondernization and Prescription Drug Benefit Act" (H.R. 4954)  
Medicare Secondary Payer

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

House, Senate, HHS, CMS

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

| Name          | Covered Official Position (if applicable) |
|---------------|---|
| Kathy Mock    | .....                                     |
| Alison Colton | .....                                     |
|               | .....                                     |
|               | .....                                     |
|               | .....                                     |
|               | .....                                     |
|               | .....                                     |
|               | .....                                     |

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

Signature  Date 3/14/03

Printed Name and Title

PHILIP G. STALBERGER  
LEGISLATIVE AFFAIRS DIRECTOR

Form LD-2 (Rev. 6/98)

Page

Registrant Name BCBSM, Inc. (32499000) Client Name Self

**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 cod 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 of 2001" (S. 812)  
"Access to Pharmaceuticals/Generics Act" (H.R. 1862) Generics  
Pharmaceutical costs  
Prescription Drugs

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

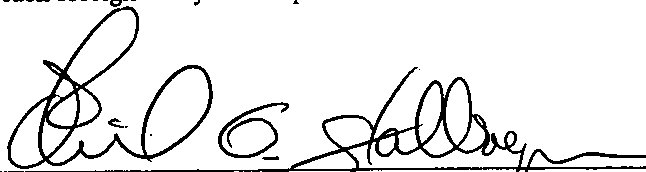
House, Senate

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

| Name               | Covered Official Position (if applicable) |
|--------------------|---|
| Mary Prentnieks    | .....                                     |
| Philip Stalboerger | .....                                     |
| .....              | .....                                     |
| .....              | .....                                     |
| .....              | .....                                     |
| .....              | .....                                     |
| .....              | .....                                     |

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

Signature



Date

3/14/03

Printed Name and Title

PHILIP G. STAUBOERGER

Form LD-2 (Rev.6/98)

DIRECTOR OF LEGISLATIVE AFFAIRS

Page

Registrant Name BCBSM, Inc. (32499000) Client Name Self

**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<br>(city and state or c |
|------|---------|--|
|      |         |  |

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<br>(city and state or country) | Amount of contribution<br>for lobbying activities |
|------|---------|--|---|
|      |         |  |   |

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

*[Handwritten signatures and date]*  
 Filing #70ead2df-7572-4e9d-9ed6-e79fe19106bc - Page 13 of 14      3/11/22

Signature  Date 7/17/11

Printed Name and Title PHILIP G. STALBERGER

Form LD-2 (Rev. 6/98) DIRECTOR OF LEGISLATIVE AFFAIRS Page