Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

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Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

05 AUG 30 AM 10: 09

LOBBYING REPORT

1. Registrant name	-	:
Organization Wellmark, Inc.		1
2. Address Check if different than previously reported		
AddressI 636 Grand Avenue		
City Des Moines State	IA zip Code 50309	Country US
. Principal place of business (if different than line 2)		
City State City State	Zip Code /Zip or Country	Country
a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#
	ffinj@wellmark.com	40910-12
7. Client Name Self		6. House ID#
Wellmark, Inc.		3006300
O. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report COME OR EXPENSES - Complete Either Line	12 OR Line 13	<u>, n</u>
0. Check if this is a Termination Report	12 OR Line 13	A
0. Check if this is a Termination Report ☐ □ Termination Dat NCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms	12 OR Line 13 13. Orga	nizations
O. Check if this is a Termination Report	12 OR Line 13	nizations
O. Check if this is a Termination Report □ ⇒ Termination Date NCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms NCOME relating to lobbying activities for this reporting period was:	12 OR Line 13 13. Orga EXPENSES relating to lobbying a	nizations
0. Check if this is a Termination Report □ ⇒ Termination Dat NCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms NCOME relating to lobbying activities for this reporting period ras: ess than \$10,000 □	12 OR Line 13 13. Orga EXPENSES relating to lobbying a were:	nizations
O. Check if this is a Termination Report	2 OR Line 13 13. Orga EXPENSES relating to lobbying a were: Less than \$10,000	nizations activities for this reporting
O. Check if this is a Termination Report	12 OR Line 13 13. Orga EXPENSES relating to lobbying awere: Less than \$10,000 \$\begin{align*} \$10,000 or more	nizations activities for this reporting theck box to indicate expenses for description of options using LDA definitions on this under section 6033(b)(8)
O. Check if this is a Termination Report	12 OR Line 13 13. Orga EXPENSES relating to lobbying awere: Less than \$10,000 X \$10,000 or more	nizations activities for this reporting heck box to indicate expense for description of options ints using LDA definitions or unts under section 6033(b)(8) e Code
10. Check if this is a Termination Report □ ⇒ Termination Date INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms NCOME relating to lobbying activities for this reporting period was: Less than \$10,000 □	12 OR Line 13 13. Orga EXPENSES relating to lobbying a were: Less than \$10,000 X \$10,000 or more	nizations activities for this reporting theck box to indicate expenses for description of options using LDA definitions on the sunder section 6033(b)(8)

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Signature. LD-2DS (Rev. 4/03)

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Registrant Name	Wellmark, Inc.	Client Name Wellmark, Inc.
engaged in lobb	ACTIVITY. Select as many codes a bying on behalf of the client during the requested. Attach additional page(s)	s necessary to reflect the general issue areas in which the reporting period. Using a separate page for each code as needed.
15. General issu	ue area code HCR - Health Issues	(one per page)
16. Specific lob	obying issues	Add page to continue specific issues description for this issue >
Care Choice "Better Heal	∍ Act of 2005"; Health Information Tec	usiness Health Fairness Act of 2005"; HR2355 "Health hnology: S1262 "Health TEQ Act of 2005" and S1355 gy Act"; Insurance Market Reform; Health Savings
17. House(s) of	Congress and Federal agencies cont	acted Check if None
Senate & Ho	ouse of Representatives	
18. Name of each	ch individual who acted as a lobbyist Name Last Name Griffin	in this issue area Add a page to continue additing lobbyists for the Covered Official Position (if applicable) N/A
Frank	Stork	N/A
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	ach foreign entity in the specific issu-	es listed on line 16 above 🔀 Check if None
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Printed Name an	d Title Frank J. Stork Associate	General Counsel

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Registrant Name	Wellmark, Inc.		Client Name	e Wellmark, Inc.
engaged in lobl	ACTIVITY. Select as bying on behalf of the crequested. Attach additionally	lient during the rep	orting period.	ct the general issue areas in which the Using a separate page for each code
15. General issi	ue area code MMM - M	ledicare/Medicaid		(one per page)
16. Specific lob	bying issues	A	Add page to contin	ue specific issues description for this issue
Medicare; M	ledicaid; Medigap; Med	igap survey; Medica	are Part D; Med	dicare Advantage; and E-Prescribing
17. House(s) of	Congress and Federal	agencies contacted	Check i	f None
	ouse of Representatives		Oneck1	rivoite
				а Э
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18. Name of eac	ch individual who acte	d as a lobbyist in th	is issue area	Add a page to continue additing lobbyists for th
8. Name of eac	ch individual who acte Name Last Name	d as a lobbyist in th		Add a page to continue additing lobbyists for the
First Name Janet	Name Last Name Griffin	Suffix		
First Name	Name Last Name	Suffix	Covere	
First Name Janet	Name Last Name Griffin	Suffix	Covere N/A	
First Name Janet	Name Last Name Griffin	Suffix	Covere N/A	
First Name Janet Frank	Name Last Name Griffin Stork	Suffix	Covere N/A N/A	d Official Position (if applicable)
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Registrant Nar	neWellmark, Inc.	Client NameWellmark, Inc.
engaged in lo	GACTIVITY. Select as many codes obbying on behalf of the client during t as requested. Attach additional page(s	as necessary to reflect the general issue areas in which the he reporting period. Using a separate page for each code as needed.
15. General i	ssue area code PHA - Pharmacy	(one per page)
16. Specific l	obbying issues	Add page to continue specific issues description for this issue
S3 "Prote Medicatio Clinical Ti	in therapy management programs; Phai	of 2005" sections pertaining to drug patent extensions; rmacy Benefit Management in Service Benefit Plan;
17. House(s)	of Congress and Federal agencies con	tacted Check if None
Senate an	nd House of Representatives	
18. Name of	each individual who acted as a lobbyis	st in this issue area Add a page to continue additing lobbyists for th.
First Name	Name Last Name Suffix	Covered Official Position (if applicable)
Frank	Griffin Stork	N/A N/A

1>		
***************************************	·	
19. Interest of	each foreign entity in the specific issu	ues listed on line 16 above 🔀 Check if None
		
		1
	•	Add a page for a differen
Printed Name	and Title Frank J. Stork Associate	General Counsel

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Add a page for more tipo

Registrant Name Wellmark, Inc.		Client Name Wellmark, Inc.			
Information Update Pa	age - Complete ONLY	where regist	ration infor	mation has change	ed.
20. Client new address		<u> </u>			
Address	,				ž.
City		State	Zip Code	Coun	try
21. Client new principal place	of business (if different than li	ine 20)			***************************************
City		State	Zip Code	Coun	try
22. New general description of	client's business or activities				······
LOBBYIST UPDATE		.	<u></u>		-
23. Name of each previously	reported individual who is	no longer ex	pected to act a	S a lobbyist for the c	
1		3	*	Las Paul	Suf
2		4			
		<u>[7]</u>			ť
ISSUE UPDATE		Find	d the code to s	select helow	d 3 5
24. General lobbying issues t	hat no longer pertain	,	a the code to s	sciect Delow.	.i
					· ·
A CELL YAMPA OR OLD THE					:
AFFILIATED ORGANIZ					İ
25. Add the following affiliat	ed organization(s)				
Name		Address		Principal place of l (city and state or	
,	Address	·····	***************************************	***************************************	
	C/S/Z			City State Cou	ntev !
	Address			City	
	C/S/Z		1	State	11 1
26. Name of each previously	reported organization that i	is no longer at	filiated with t	he registrant or clien	t t
1	2	J	3	3	
FOREVOLUE					
FOREIGN ENTITIES	~ 4: 4:		•		
27. Add the following foreign	Address		01		10
	Address State/Province Country	Principal plac (city and state		Amount of contribution for lobbying activities	Owner percer
					client
	,	City			
· .		State C	Country		
28. Name of each previously rep	orted foreign entity that no lo	nger owns, or	controls, <u>or</u> is a	ffiliated with the regis	trant, cl
affiliated organization			_	_	
<u>.</u>	3		5		
2	4.		6		1

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