

SECRETARY OF THE SENATE
06 SEP 28 PM 2: 09

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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LOBBYING REPORT

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

1. Registrant name			
Organization	Regence BlueShield		
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1	1800 Ninth Avenue M/S S1120		
City	Seattle		
State	WA		
Zip Code	98111-3267		
Country	USA		
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
City	State/Zip or Country	Zip Code	Country
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Kristi Huff	(206) 332-5830	kdhuff@regence.com
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID #
Regence BlueShield			87734-12
			6. House ID #
			36629000

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June30) OR Year End (July 1-December 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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">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"/> ⇨ \$ _____</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">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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Com

Kristi Huff 8/10/06

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FILLED NAME AND TITLE Executive, Manager, Legislative Affairs

LD-2DS (Rev. 4.07)

Page 1 c

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Printed Name and Title Kristi Huff, Manager, Legislative Affairs

LD-2DS (Rev. 4.07)

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Printed Name and Title Kristi Huff, Manager, Legislative Affairs

LD-2DS (Rev. 4.07)

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Registrant Name Regence BlueShield Client Name Regence BlueShield

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** p information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Insurance Market Reform/Association Health Plans: S1955 "Health Insurance Modernization and Affordability Act of 2005."
Health Information Technology/ICD-10: HR 4157 "Health Information Technology Promotion Act of 2005."

17. House(s) of Congress and Federal agencies contacted None House Senate Other

[Empty box for listing contacted agencies]

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Kristi	Huff		

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

0000252611

Registrant Name Regence BlueShield Client Name Regence BlueShield

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

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Suffix

1

3

2

4

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address C/S/Z	City State Country
	Address C/S/Z	City State

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

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Ownership percentage client

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

1

3

5

2

4

6

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