

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

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

**Check One:**  New Registrant  New Client for Existing Registrant  Amendment

1. Effective Date of Registration 08/

2. House Identification \_\_\_\_\_

Senate Identification \_\_\_\_\_

**REGISTRANT**  Organization  Individual

3. Registrant Organization Blue Cross Blue Shield of Michigan

Address 1300 I Street, NW

Address2 Suite 300 West

City Washington

State DC

Zip 20005 -

Cot \_\_\_\_\_

4. Principal place of business (if different than line 3)

City Detroit

State MI

Zip 48226 -

Cot \_\_\_\_\_

5. Contact name and telephone number

International Number

Contact Mrs. Amy E. Modlin

Telephone (202) 289-3904

E-mail amodlin@bcbsm.com

6. General description of registrant's business or activities

Health Insurance Company

## CLIENT

*A Lobbying Firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should labeled "Self" and proceed to line 10.*  Self

7. Client name Blue Cross Blue Shield of Michigan

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Cot \_\_\_\_\_

8. Principal place of business (if different than line 7)

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Cot \_\_\_\_\_

9. General description of client's business or activities

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Amy	Modlin		

000090493

07/26/08



### LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1,

HCR      INS      MMM

12. Specific lobbying issues (current and anticipated)

CHAMP ACT  
Association Health Plans  
Health IT

### AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

No --> Go to line 14.

Yes --> Complete the rest of this section for each entity match criteria above, then proceed to line 14.

Name	Address			Principal Place of Bus
	Street City	State/Province	Zip Code Country	
			City	Country
			City	Country
			City	Country
			City	Country
			City	Country

### FOREIGN ENTITIES

14. Is there any foreign entity

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13: or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes ac the client or any organization identified on line 13; or
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome o lobbying activity?

No --> Sign and date the registration.

Yes --> Complete the rest of this section for each entity match the criteria above, then sign the registration.

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

Signature

*Amy E. Modlin*

Date

9-

Printed Name and Title

*Amy E. Modlin, FEDERAL RELATIONS DIRECTOR*

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