

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

05 AUG 10 PM 2:0

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 REPORT

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

1. Registrant Name			
Blue Cross and Blue Shield of Florida, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported			
4800 Deerwood Campus Parkway (DCC 3-4)			
3. Principal Place of Business (if different from line 2)			
City: Jacksonville		State/Zip (or Country) Florida 32246	
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Michael R. Hightower	(904) 905-6072		6382-12
7. Client Name	<input checked="" type="checkbox"/> Self		6. House ID #
			31400001

TYPE OF REPORT 8. Year 2005 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

12. Lobbying Firms	13. Organizations
<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>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 checked="" type="checkbox"/> ⇒ \$ <u>300,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

Signature *Michael R. Hightower*

Printed Name and Title **Michael R. Hightower, Vice President, Govt. and Legislative R**

LD-2 (REV. 6/98)

Client Name BCBS of Florida Client Name _____

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 BUD (one per page)

16. Specific lobbying issues

H.R. 3010—"HHS Appropriations for FY 2006" -- Sections regarding Medicare Funding and Drug Comparative Effectiveness Funding

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

U.S. House
U.S. Senate

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

Name	Covered Official Position (if applicable)
.....Jeffrey R. Wollitz.....	
.....Curtis Lord.....	
.....Sandra Coston.....	
.....	
.....	
.....	
.....	

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

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev.6/98)

Page .

Grant Name BCBS of Florida Client Name _____

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

Association Health Plans: H.R. 525/S. 406
"Small Business Health Fairness Act of 2005;
"Health Care Choice Act of 2005" H.R. 2355;
"Health Information Technology"--- S. 1262 and S. 1355;
Insurance Market Reform;
Health Savings Accounts;
Privacy Issues in Federal Employees Health Benefit Plan

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

U.S. House
U.S. Senate

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

Name	Covered Official Position (if applicable)
Jeffrey R. Wollitz	

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

Signature _____ Date _____

Printed Name and Title _____

Form LD-2 (Rev.6/98)

Page _

Grant Name BCBS of Florida Client Name _____

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

S. 3 "Protecting America in the War on Terror Act. of 2005" -- Sections p to drug patent extensions; Medication therapy management programs; Pharma Management in Service Benefit Plan; Clinical Trials

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

U.S. House
U.S. Senate

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

Name	Covered Official Position (if applicable)
Jeffrey R. Wollitz	

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

Signature _____ Date _____

BCBS of Florida

Client Name _____

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 Bu (city and state or co
See attachment A	See Attachment A	See Attachment 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

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

Signature _____

Date _____

Printed Name and Title _____

Form LD-2 (Rev. 6/98)

Page _

Attachment A

Affiliated Organizations

25. Add the following affiliated organizations

<u>Name</u>	<u>Address</u>	<u>Principle Place of Business</u>
First Coast Service Options, Inc.	532 Riverside Avenue Jacksonville, FL. 32202	Jacksonville, FL.
Florida Combined Life Insurance Company, Inc.	8665 Baypine Road Jacksonville, FL. 32256	Jacksonville, FL.
Health Options, Inc.	P.O. Box 44165 Jacksonville, FL. 32231	Jacksonville, FL.
Navigy, Inc.	4800 Deerwood Campus Parkway Jacksonville, FL. 32246	Jacksonville, FL.
Tri Centurion, LLC	300 Arbor Lake Drive Suite 800 Columbia, SC 29202-3282	Columbia, SC
Trammell and Company	1220 19th Street, N.W. Suite 804 Washington D.C. 20036	Washington D.C.
Jorden Burt LLP	1025 Thomas Jefferson St. Suite 400 East Washington D.C. 20007-0805	Washington D.C.

