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

SECRETARY OF THE SENATE
05 MAY 13 PM 2: 49

## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ■				1. Effective Date of Registration April 19, 2					
2. House Identificati	on Number_	30750042			Senate	Identifica	ation Numb	оег	21632-470
REGISTRAN 3. Registrant Name		palding LLF	)						
Address	1700 Pen	nsylvania A	venue, NV	V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				.,,
City	Washing					D.C.		Zip	20006
4. Principal Place o City	f Business (if	different fro	om line 3)	<b>Q</b> 4	te/Zip (or C	ountry)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*************
5. Telephone numb (202) 626-2901	er and conta	ct name			ore M. Hest	er	E-mail (	option	nal)
6. General descript Law Firm	ion of registr	ant's busines	ss or activi	ties					
CLIENT A Lobb	y <b>ing firm</b> is req	uired to file a seț	parate registra	ition for ei	ach client. Org	anizations :	employing in-	-house l	lobbyists should ch
labeled	"Self" and proce	ed to line 10.	☐ Selj	r					
7. Client name Bl	ue Cross Blu	ie Shield As	sociation	~~4444					
Address 13	310 G Street,	NW			•				
City W	ashington					D.C.		Zip 2	
8. Principal Place o City	f Business (if	different fro	om line 7)	Sta	te/Zip (or C	ountry)		*********	,,,,,
9. General descript Association of i				Cross a	and Blue Sh	ield hea	lth plans.		
LOBBYISTS  10. Name of each ir in this section he first acting as a	as served as a	"covered exe	cutive bran	ch offic	ial" or "cove	ered legis	slative bran	ch off	icial" within t
Eleanor Hill	Nam	<u>ie</u>			Staff Direct	tor of the Intellige	Joint Cong nce Commi	gressio ittees c	n (if applicable on al Inquiry of on the terrorist


Form LD-1 Rev. (06/98)

Registrant Name	King &	Spalding	LLP	(	Client Name	Blue (	Cross Blue Shield Asso
LOBBYIST ISSUES 11. General lobbying issues are	a. Select all a	applicable	codes lis	sted in ins	tructions and o	on the re	verse side of Form LD-1
<u>HCR</u>							
12. Specific lobbying issues	(current and	anticipat	ed)				
Association Health Plan Business Health Fairness			d healt	h indus	try issues, in	ıcluding	g S. 406 and H.R. 52
AFFILIATED ORGA  13. Is there an entity than the a semiannual period and	e client that	contribute					=" =" =" = " = " = " = " = " = " = " =
■ No → Go to line 14.   □ Yes → Complete the rest of this section for each of the criteria above, then proceed to line 14.							
Name	Address				Principal Place of E		
							(city and state or c
FOREIGN ENTITIE	<u> </u>						
14. Is there any foreign entit							
b) directly or indiractivities of the	rectly, in who client or any the client or	ole or in n y organiza	najor pa tion ide	ert, plans entified c	, supervises, n line 13; <b>or</b>	controls	entified on line 13; or s, directs, finances or s a direct interest in the
■ No →Sign and date the r	egistration.		Yes→		ng the criteria		ction for each entity then sign and date the
Name	A	ddress		Pri	ncipal place business	of	Amount of contribution for
				(city ar	id state or co	untry)	lobbying activities
				,	l		
Signature Filing :	#9b10bade-04	ba-49da-87	) 7ff-080b	7312e163	05 - Page 3 of 4		

orginature		<del> </del>
Printed Name and Title	Theodore M. Hester, Partner	
Form LD-1 Rev. (06/98)		