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 OG FEB 15 PM

LOBBYING REPORT

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

I. Registrant Name Independence Blue Cross Family of (
2. Address Check if different than previously reported	Companies
1901 Market Street, 38th Floor	
3. Principal Place of Business (if different from line 2)	
City: Philadelphia Stat	E/Zip (or Country) D.A. 10100
Telephone	E-mail (optional)
Lorina Marshall-Blake (215) 241-243	35 loring marshalldiby com 19179
7. Client Name Self	6. House ID # 330090
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	r Line 12 OR Line 13
INCOME OR EXPENSES - Complete Eithe 12. Lobbying Firms INCOME relating to lobbying activities for this reporting	13. Organizations EXPENSES relating to lobbying activities for this
INCOME OR EXPENSES - Complete Eithe 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was:	r Line 12 OR Line 13 13. Organizations
12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000	13. Organizations EXPENSES relating to lobbying activities for this report
INCOME OR EXPENSES - Complete Eithe 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 S10,000 or more Income (nearest \$20,000) Provide a good faith estimate, rounded to the recent \$30,000	13. Organizations EXPENSES relating to lobbying activities for this report period were: Less than \$10,000 \(\Sigma \) \$10,000 or more \(\sigma \) \(\Sigma \) Expenses (nearest \$20,000) 14. REPORTING METHOD. Check boy to indicate and the sigma shows the signal activities of the sigma shows to indicate a signal activities and the signal activities are signal activities.
INCOME OR EXPENSES - Complete Eithe 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 S10,000 or more Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all sayments to the registrant by any other entity for labbying related income from the client (including all sayments to the registrant by any other entity for labbying related income from the client (including all sayments to the registrant by any other entity for labbying activities for this reporting the labbying related income from the client (including all sayments to the registrant by any other entity for labbying activities for this reporting the labbying related income from the client (including all sayments to the registrant by any other entity for labbying the labbying related income from the client (including all sayments).	13. Organizations EXPENSES relating to lobbying activities for this report period were: Less than \$10,000 \(\) \$10,000 or more \(\) \(\) \(\) \(\) \(\) \(\) Expenses (nearest \$20,000) \(\) 14. REPORTING METHOD. Check box to indicate exaccounting method. See instructions for description of o
INCOME OR EXPENSES - Complete Eithe 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 S10,000 or more Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all sayments to the registrant by any other entity for labbying related income from the client (including all sayments to the registrant by any other entity for labbying related income from the client (including all sayments to the registrant by any other entity for labbying activities for this reporting the labbying related income from the client (including all sayments to the registrant by any other entity for labbying activities for this reporting the labbying related income from the client (including all sayments to the registrant by any other entity for labbying the labbying related income from the client (including all sayments).	13. Organizations EXPENSES relating to lobbying activities for this report period were: Less than \$10,000 \(\Sigma \) \$10,000 or more \(\sigma \) \(\Sigma \) Expenses (nearest \$20,000) 14. REPORTING METHOD. Check boy to indicate and the sigma shows the signal activities of the sigma shows to indicate a signal activities and the signal activities are signal activities.
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LD-2 (REV. 6/98)

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	Lorina Marshall-Blake		
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000000654	19. Interest of each foreign entity in the specific issues listed on I		⊒ ch
	Signature		_ Dat
<u>Ö</u>	Printed Name and Title Lorina Marshall-Blake, Vic Filing #9e1ce04a-4412-461f-929e-91f8e	ce President	of C
	111111y # 361C604a-4412-4011-3236-31106	3730171 - Fage 3 01	U

16. Specific lobbying issues

MEDICARE

U.S. SENATE

Name

INDEPENDENCE BLUE Registrant Name CLOSS FAMILY OF Client Name SAME LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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) MANAGED CARE, ANTI TRUST ASSOCIATED HEALTH PLANS MEDICAL MALPRACTICE HEALTH SAVINGS ACCOUNT 17. House(s) of Congress and Federal agencies contacted Check if None U.S. HOUSE OF REPRESENTATIVES 18. Name of each individual who acted as a lobbyist in this issue area Covered Official Position (if applicable) heck if None

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Registrant Name_		ence Blue Cross Companies Clie	nt Name SAME		
Information \	Update Page	: - Complete ONLY wher	e registration information l	has changed.	
20. Client new addr	ėss.				
21. Client new princ	cipal place of busine	ss (if different from line 20)		***************************************	
City		State/	Zip (or Country)		
22. New general de	scription of client's	business or activities			•
ISSUE UPDA 24. General lob AFFILIATED	TE bying issues pre	viously reported that no los	longer expected to act as a langer pertain	lobbyist for the client	
23. Add the foll	lowing affiliated Name	organization(s)	Address	Principal Place of E	
				(city and state or c	
26. Name of ear	TITIES	· · · · · · · · · · · · · · · · · · ·	no longer affiliated with the	registrant or client	
Name		Address	Principal place of busin (city and state or count		Ow per clie
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28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, cli affiliated organization

Signature_

M Ln

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Timed Name and Time Horina Marshau-Diake, vice Fresident of Government Relations

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