

LOBBYING REPORT

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

1. Registrant Name <u>Health Care Service Corp. (Blue Cross and Blue Shield of Illinois)</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>300 E. Randolph Street</u>			
3. Principal Place of Business (if different from line 2) City: <u>Chicago</u> State/Zip (or Country) <u>IL 60601</u>			
4. Contact Name <u>Robert Kieckhefer</u>	Telephone <u>(312) 653-6629</u>	E-mail (optional)	5. Senate ID # <u>6462-12</u>
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # <u>33328000</u>		

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) 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

12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ 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 payments to the registrant by any other entity for lobbying activities on behalf of the client).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code
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Signature _____

Printed Name and Title Robert Kieckhefer, VP, Public Affairs

Registrant Name Health Care Service Client Name Self

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

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

16. Specific lobbying issues

Patients Bill of Rights H.R. 2990
Patients Bill of Rights S. 1344

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

House
Senate

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

Name	Covered Official Position (if applicable)	New
Robert Kieckhefer		<input type="checkbox"/>
Clara Bartsch		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature [Signature] Date 8/4/00
Printed Name and Title Robert Kieckhefer, VP, Public Affairs

Registrant Name Health Care Service Client Name Self

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

15. General issue area code EBR (one per page)

16. Specific lobbying issues

ANTITRUST HR 1304

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

House
Senate

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

Name	Covered Official Position (if applicable)	New
<u>Robert Kieckhefer</u>		<input type="checkbox"/>
<u>Clara Bartsch</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date 8/4/00

Printed Name and Title Robert Kieckhefer, VP, Public Affairs

Registrant Name Health Care Service Client Name Self

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

20. Client new address

N/A

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

City

N/A

State/Zip (or Country)

22. New general description of client's business or activities

N/A

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

Richard F. O'Connell (Deceased)

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

No Changes

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
<u>N/A</u>		

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	Ownership percentage in client
<u>N/A</u>				

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

Signature

[Handwritten Signature]

Date

8/4/00

Printed Name and Title

Robert Kieckhefer, VP, Public Affairs