

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
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SECRETARY OF THE
04 AUG 2004 AM 11

LOBBYING REPORT

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

1. Registrant Name Nueva Vista Group, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 1801 K Street, NW 1000L			
3. Principal Place of Business (if different from line 2) Washington DC,20006 City: State/zip (or Country)			
4. Contact Name Amanda Rogers Thorpe	Telephone (202) 530-0175	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Blue Cross Blue Shield Association			6. House ID #

TYPE OF REPORT 8. Year 2004 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
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>80,000.00</u> <div style="text-align: center; font-size: small;">Income (nearest \$20,000)</div>	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <div style="text-align: center; font-size: small;">Expenses (nearest \$20,000)</div>
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).	14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of method. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature _____

Date **8/16/2004**

Printed Name and Title

Amand Rogers Thorpe, Associate

LD-2 (REV. 4/03)

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Registrant Name Nueva Vista Group, LLC Client Name Blue Cross Blue Shield Association

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

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

16. Specific lobbying issues

Develop congressional support / work on issues related to Association Health Plans

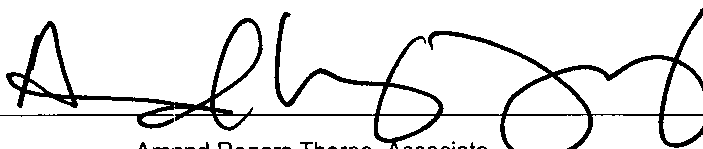
17. House(s) of Congress and Federal agencies contacted Check if None

House/Senate

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

Name	Covered Official Position (if applicable)
Maria Echaveste	
Irene Bueno	
Andrea La Rue	Counsel at Senate Rules Committee
Amanda Rogers Thorpe	

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

Signature  Date 08/16/2004
Printed Name and Title Amand Rogers Thorpe, Associate

Registrant Name Nueva Vista Group, LLC Client Name Blue Cross Blue Shield Associatic

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

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 registrant, affiliated organization

Signature  Date 08/16/2004

