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SECRETARY OF
05 AUG 22 P1

LOBBYING REPORT

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

1. Registrant name BlueCross BlueShield of Tennessee			
2. Address <input type="checkbox"/> Check if different than previously reported 85 North Danny Thomas Blvd Memphis TN 38103 US			
3. Principal place of business (if different than line 2) City: _____ State/Zip or Country: _____			
4a. Contact Name Mr. Calvin Anderson	b. Telephone number (901) 544-2105	c. E-mail calvin_anderson@bcbst.com	5. Senate ID # 6440-1
7. Client Name <input checked="" type="checkbox"/> Self BlueCross BlueShield of Tennessee			6. House ID # 334350

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December)

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 Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p align="center">12. Lobbying Firms</p> <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"/> ⇨ \$ _____</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 align="center">13. Organizations</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>80,000</u></p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e)(1)(B) Internal Revenue Code</p>

Edit >

Signature Calvin Anderson Date Aug. 12, 2005

Printed Name and Title Cavin Anderson, Vice President, Federal & Community Relations

Registrant Name BlueCross BlueShield of Tennessee Client Name BlueCross BlueShield of Tennessee

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 BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues

Medicare Contractor Funding - LHHS Appropriations (HR.3010)

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

House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Calvin Anderson	
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.....
.....

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

Signature Calvin Anderson Date Aug 12, 2

Registrant Name BlueCross BlueShield of Tennessee Client Name BlueCross BlueShield of Tennessee

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 HCR - Health Issues (one per page)

16. Specific lobbying issues

AHPs (Association Health Plans) (HR.525/S.406)
Small Business Health and Fairness Act of 2003 (HR.2355)
Patient Safety (S.720)
Medical Malpractice Liability (HR.5/S.11)
Frist/Clinton (S.1262) Enzi/Kennedy (S.1355)
Healthcare Choice Act (HR.2355) Shadegg

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

House of Representatives
Senate
HHS (Health and Human Services)

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

Name	Covered Official Position (if applicable)
Calvin Anderson	

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

Registrant Name BlueCross BlueShield of Tennessee Client Name BlueCross BlueShield of Tennessee

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15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

MMA (Medicare Modernization Act)
Medicare Part D
Medicare Advantage
E. Prescribing

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

House of Representatives
Senate
HHS (Health and Human Services)
CMS (Center for Medicare and Medicaid Services)

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

Name		Covered Official Position (if applicable)
Calvin	Anderson	
Ed	Bryant	Former Member of Congress

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

Registrant Name BlueCross BlueShield of Tennessee Client Name BlueCross BlueShield of Tennessee

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 - Pharmacy (one per page)

16. Specific lobbying issues

None

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

House of Representatives
Senate
CMS (Center for Medicare and Medicaid Services)

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

Name	Covered Official Position (if applicable)
Calvin Anderson	
Ed Bryant	Former Member of Congress

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

