

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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05 FEB 24 AM 11:11

# LOBBYING REPORT

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

1. Registrant name			
Organization		Blue Cross Blue Shield of Minnesota / BCBSM, INC	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1		3535 Blue Cross Road	
City		Eagan	
State		MN	
Zip Code		55124	
Country			
3. Principal place of business (if different than line 2)			
City			
State			
Zip Code			
Country			
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Philip G. Stalboerger	651.662.2151	philip_stalboerger@bluecrossmn.
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID #
Blue Cross Blue Shield of Minnesota / BCBSM, Inc			5687
			6. House ID #
			32496

TYPE OF REPORT 8. Year  2004 Midyear (January 1-June 30)  OR Year End (July 1-December)

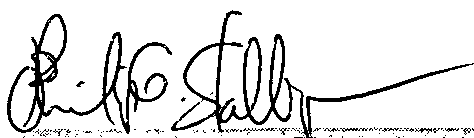
9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date

11. No Lobbying A

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:	EXPENSES relating to lobbying activities for this report were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ <input type="text"/>	\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <input type="text"/> 15,888
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 e: accounting method. See instructions for description of o
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitior
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Revenue Code

Form



2/14/05

Printed Name and Title Philip G. Stalboerger, Director Legislative Affairs

*Paul H. Gallway*

2/14/05

Registrant Name Blue Cross Blue Shield of Minnesota

Client Name Blue Cross Blue Shield of Minnes

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

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

16. Specific lobbying issues

*Add page to continue specific issues description for this issue*

AHPs; HR 4281 "Small Business Health Fairness Act of 2004" and S545 & HR660; BCBSA Uninsured Proposals (no bill); Patient Safety; S270; HIPAA Privacy Issues; Health IT Issues; Individual Insurance Market reform; Patients Bill of Rights; Oxley Baker Insurance Reform (no bill); HSAs, HSA Regulation

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

Senate, House of Representatives, HHS

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists*

First Name	Name		Covered Official Position (if applicable)
	Last Name	Suffix	
Philip	Stalboeger		

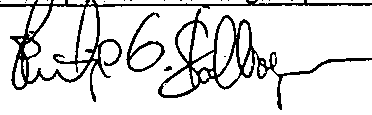
19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

*Philip Stalboeger*

*2/14/05*

Printed Name and Title Philip G. Stalboerger, Director Legislative Affairs

LD-2DS (REV. 4/03)



2/14/05

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Registrant Name Blue Cross Blue Shield of Minnesota Client Name Blue Cross Blue Shield of Minnes

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

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

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

Medicare Modernization Act (HR1 and S1); "Medicare Quality Improvement Act 2004"; Medicare PPO Regions; Medicare Advantage

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

Health and Human Services; Centers for Medicare and Medicaid Services (CMS), Senate, House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists*

Name			Covered Official Position (if applicable)
First Name	Last Name	Suffix	
Philip	Stalboerger		

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

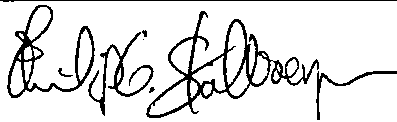
*Philip B. Stalboerger*

*7/14/05*

Printed Name and Title

Philip G. Stalboeger, Director Legislative Affairs

LD-2DS (REV. 4/03)



2/15/05

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Registrant Name Blue Cross Blue Shield of Minnesota Client Name Blue Cross Blue Shield of Minnes

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

**20. Client new address**

Address				
City	State	Zip Code	Country	

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

City	State	Zip Code	Country	
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**22. New general description of client's business or activities**

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**LOBBYIST UPDATE**

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

	First Name	Last Name	Suffix		First Name	Last Name
1				3		
2				4		

**ISSUE UPDATE**

Find the code to select below.

**24. General lobbying issues that no longer pertain**

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**AFFILIATED ORGANIZATIONS**

**25. Add the following affiliated organization(s)**

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State
	Address	Country
	C/S/Z	City
		State

**26. Name of each previously reported organization that is no longer affiliated with the registrant or client**

1	2	3
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**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
	Street Address	City	
	City	State/Province	
		Country	
		City	
		State	
		Country	

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

1	3	5
2	4	6

*Phil G. Stalhoerner*

2/14/05

Add a page for mo.

LD-2DS (REV. 4/03)

*Philip C. Stalberger*

*2/14/05*

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