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9/24/05

Clear all d. Go to 1

LOBBYING REPORT

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

1. Registrant name	
Organization	BCBSM, Inc (Blue Cross Blue Shield of Minnesota)
2. Address <input type="checkbox"/> Check if different than previously reported	
Address I	
City	State Zip Code Country US
3. Principal place of business (if different than line 2)	
City	State Zip Code Country
4a. Contact Name Prefix Full Name b. Telephone number c. E-mail	
Mr. Philip G Stalboerger	651-662-2152 philip_stalboerger@bluecrossmn.
5. Senate ID #	5687-12
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #
BCBSM, Inc (Blue Cross Blue Shield of Minnesota)	3249900

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 Acti

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 reporting were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> \$	\$10,000 or more <input checked="" type="checkbox"/> \$
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 exp accounting method. See instructions for description of opti
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions c
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code

Form Co

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

0000150096

Registrant Name BCBSM, Inc (Blue Cross Blue Shield of MClient Name BCBSM, Inc (Blue Cross Blue Shield

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 code 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

Association Health Plans HR 525/S406 "Small Business Health Fairness Act of 2005"; HR2355 "Health Care Choice Act of 2005"; Health Information Technology: S1262 "Health TEQ Act of 2005 and S1355 "Better Healthcare Through Information Technology Act"; Insurance Market Reform: Health Savings Accounts; Reserves;

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

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 for

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

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

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

LD-2DS (REV. 4/03)

Page 2

Registrant Name BCBSM, Inc (Blue Cross Blue Shield of M Client Name BCBSM, Inc (Blue Cross Blue Shield

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 code 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; Medicaid; Medigap; Medicare Part D; Medicare Advantage; E-Prescribing

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

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

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

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Philip	Stalboerger	Mr.	
Lois	Wattman	Ms.	

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

Add a page for a diff

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

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Registrant Name BCBSM, Inc (Blue Cross Blue Shield of Mi Client Name BCBSM, Inc (Blue Cross Blue Shield

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

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

	First Name	Last Name	Suffix		First Name	Last Name	Suffix
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>

ISSUE UPDATE

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

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
<input type="text"/>	Address <input type="text"/> C/S/Z <input type="text"/>	City <input type="text"/> State <input type="text"/> Country <input type="text"/>
<input type="text"/>	Address <input type="text"/> C/S/Z <input type="text"/>	City <input type="text"/> State <input type="text"/>

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

1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
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FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage
	City	State/Province	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>	City <input type="text"/> State <input type="text"/> Country <input type="text"/>	<input type="text"/>	<input type="text"/>

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

1 <input type="text"/>	3 <input type="text"/>	5 <input type="text"/>
2 <input type="text"/>	4 <input type="text"/>	6 <input type="text"/>

Add a page for more

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