

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

SECRETARY OF THE SENATE

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**LOBBYING REPORT**

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

1. Registrant Name <b>BCBSM, INC.</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>P.O. BOX 64560</b>			
3. Principal Place of Business (if different from line 2) <b>St. Paul</b> <b>MN, 55164-0560</b> City: State/zip (or Country)			
4. Contact Name <b>Kathy Mock</b>	Telephone <b>(651) 662-2580</b>	E-mail (optional) <b>Kathleen_A_Mock@bluecrossmn.</b>	5. Senate ID # <b>5687-12</b>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <b>3249900</b>

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

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 Lob

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> 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"/> ⇔ \$ _____ Income (nearest \$20,000)</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"><b>13. Organizations</b></p> <p><b>EXPENSES</b> relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ <u>8,428.66</u> Expenses (nearest \$)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA de</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section Internal Revenue Code</p>
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Signature *Philip G. Stalboeger* Date **August 11, 2004**

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

LD-2 (REV. 4/03)

PAG

Registrant Name BCBSM, INC. Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which 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 (one per page)

16. Specific lobbying issues

AHPs: S545 & HR660 "Small Business Health Fairness Act of 2003"; BCBSA Uninsured Proposal, Health IT Issues, HSAs: HR3901 "Amend IRS Code of 1986 to allow a deduction for premiums for high deductible plans required with respect to health savings accounts" and Treasury HSA Regulatory Guidance, HSAs in FEHBP and Patient's Bill of Rights.


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

Signature  Date 8/11/04  
Filing #c9a65f58-f569-4c38-9ba7-b13a213de40d - Page 3 of 10

Signature \_\_\_\_\_

Printed Name and Title Philip G. Stalboeger, Director of Legislative Affairs \_\_\_\_\_

Form LD-2 (Rec. 4/03)

Page 4

Registrant Name BCBSM, INC. Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which 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 (one per page)

16. Specific lobbying issues

Medicare Modernization Act (HR1 and S1); Medicare Regions and Medicare+choice program.

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

House of Representatives  
Senate  
CMS

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

Name	Covered Official Position (if applicable)
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19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature *[Handwritten Signature]* Date 8/11/04



Registrant Name BCBSM, INC. Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which 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 PHA (one per page)

16. Specific lobbying issues

Medicare Modernization Act - sections pertaining to Drug Issues; Drug Comparative Effectiveness Research.

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

House of Representatives  
Senate  
CMS

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

Name	Covered Official Position (if applicable)
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19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature: *Paul S. Stalder* Date 8/11/04  
Filing #c9a65f58-f569-4c38-9ba7-b13a213de40d - Page 7 of 10

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

Form LD-2 (Rec. 4/03)

Page 4

Registrant Name BCBSM, INC. Client Name \_\_\_\_\_

**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 cl

**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 Business (city and state or country)

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 or affiliated organization

Signature

*Paul G. Stalder*

Date

8/11

Signature \_\_\_\_\_

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

Form LD-2 (Rev. 4/03)

Page \_\_\_\_\_