

SECRETARY'S
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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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LOBBYING REPORT

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

1. Registrant Name Blue Cross and Blue Shield of Florida, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 4800 Deerwood Campus Parkway (DCC3-4)			
3. Principal Place of Business (if different from line 2) City: Jacksonville State/Zip (or Country) Florida 32246			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Michael R. Hightower	(904) 905-6268		6382-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 31400000

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dece
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇨ Termination Date _____

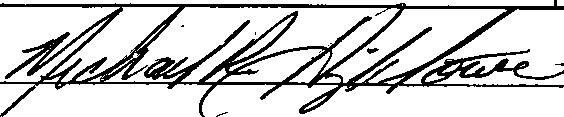
11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms
INCOME relating to lobbying activities for this reporting period was:
Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)
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).

13. Organizations
EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ 260,000 Expenses (nearest \$20,000)
14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
<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(c) Internal Revenue Code

Signature

Printed Name and Title Michael R. Hightower, Vice President of Governmental & Legis

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

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

16. Specific lobbying issues

- Medicare Contractor Funding / HHS Appropriations
- Treasury, Postal Appropriations / CAS Exemption for FEHBP Contracting Plans

17. House(s) of Congress and Federal agencies contacted

Check if None

House, Senate, CMS

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

Name	Covered Official Position (if applicable)
<u>Jeffrey R. Wollitz</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date _____

Printed Name and Title _____

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

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

16. Specific lobbying issues

- Patient's Bill of Rights / H.R. 2315 (entire bill)
- Bipartisan Patient Protection Act / S.1052/H.R. 2563 (entire bill)
- Association Health Plans
- Mental Health Equitable Treatment Act / S.543
- Tax Credits for the Purchase of Health Insurance

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

House and Senate

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

Name	Covered Official Position (if applicable)
<u>Jeffrey R. Wollitz</u>	

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

Signature _____ Date _____

Printed Name and Title _____

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

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

16. Specific lobbying issues

Physician anti-trust, collective bargaining / H.R. 3897

17. House(s) of Congress and Federal agencies contacted

Check if None

House

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

Name	Covered Official Position (if applicable)
Jeffry R. Wollitz	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date _____

Printed Name and Title _____

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

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

16. Specific lobbying issues

- Medicare Reform / Medicare Contractor Reform / S. 1738 / H.R. 3391
- Medicare & Choice
- Medicare Prescription Drug Benefits
- Medicare Modernization and Prescription Drug Act of 2002 / H.R. 4954
- Medicare Supplemental Insurance

17. House(s) of Congress and Federal agencies contacted

Check if None

House and Senate

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

Name	Covered Official Position (if applicable)
Jeffry R. Wollitz	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date _____

Printed Name and Title _____

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

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

16. Specific lobbying issues

Trade Promotion Authority / government financial assistance for qualified workers purchase health insurance

17. House(s) of Congress and Federal agencies contacted

Check if None

House and Senate

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

Name	Covered Official Position (if applicable)
Jeffrey R. Wollitz	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date _____

Printed Name and Title _____

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 Business (city and state or country)
See attachment A	See attachment A	See attachment

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	C P C

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

Signature _____

Date _____

Printed Name and Title _____

Attachment A

Affiliated Organizations

25. Add the following affiliated organization(s)

Name	Address	Principle Place of Busine (City and State or Countr
First Coast Service Options, Inc.	532 Riverside Avenue Jacksonville, FL 32202	Jacksonville, FL
Florida Combined Life Insurance Company, Inc.	8665 Baypine Road Jacksonville, FL 32256	Jacksonville, FL
Health Options, Inc.	P.O. Box 44165 Jacksonville, FL 32231	Jacksonville, FL
Navigy, Inc.	4800 Deerwood Campus Parkway Jacksonville, FL 32246	Jacksonville, FL
Tri Centurion, LLC	300 Arbor Lake Drive Suite 800 Columbia, SC 29202-3282	Columbia, SC
Trammel and Company	4334 P Street NW Washington, D.C. 20007	Washington, D.C.

