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Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

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 Check if different than previously reported	***************************************	92 1 Par 18 50 P P P P P P P P P P P P P P P P P P
4800 Deerwood Campus Parkway (DCC 3-4)	
3. Principal Place of Business (if different from line 2)	<i></i>	**************************************
	e/Zip (or Country) Florida 32246	
4. Contact Name Telephone	E-mail (optional)	5. Senate ID#
Michael R. Hightower (904) 905-60	72	6382-12
7. Client Name X Self		6. House ID#
		31400000
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	Printed Name and Title Jeffry P. Wollitz, Dire	ctor, Federal Relations

LD-2 (REV. 6/98)

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	Name_BCBS of Florida Clie	ent Name
ngage inform	SYING ACTIVITY Select so many and	cessary to reflect the general issue areas in which the re-
	eneral issue area code <u>HCR</u> (one per pag	
16. Sp	pecific lobbying issues	
17 11-	2355 "Health Care Choice Act of 2005 Act of 2005", S 1355 "Better Health for Health Care Quality Act", S 1789 HR 4157 "Health Information Technolos 1955 "Health Insurance Modernizati Accounts; Uninsured; Hurricane Katrin Relief" and S 1769 "Public Health In	6 "Small Business Health Fairness Act of "; Health Information Technology: S 1262" Care Through Information Technology Act, "Personal Date Privacy and Security Act gy Promotion Act of 2005"; Insurance Mark on and Affordability Act of 2005"; Health a Health Initiatives: S 1716 "Health Care surance Emergency Response Act of 2005".
17. Ho	use(s) of Congress and Federal agencies contacted	d Check if None
	U.S. House of Representatives U.S. Senate	
18. Nar	me of each individual who acted as a lobbyist in th	nis issue area
	Name	Covered Official Position (if applicable)
************	Jeffry R. Wollitz	

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19. Intere ~~i Ø)	est of each foreign entity in the specific issues listed on	line 16 above
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Name_BCBS of Florida

Name BCBS of Florida Clien	t Name
agaged in lobbying on behalf of the client during the reprint information as requested. Attach additional page(s) as necessitions.	essary to reflect the general issue areas in which the regorting period. Using a separate page for each code, peeded.
15. General issue area codeMMM (one per page)
16. Specific lobbying issues	
Medicaid; Medicaid reform; Medicare; reform; Medicare contractor funding	Medicare Advantage; Medigap; Medicare co
17. House(s) of Congress and Federal agencies contacted	☐ Check if None
U.S. House of Representatives U.S. Senate	
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18. Name of each individual who acted as a lobbyist in thi	s issue area
Name	Covered Official Position (if applicable)
Jeffry R. Wollitz	
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9. Interest of each foreign entity in the specific issues listed on LOD	ine 16 above
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Africa Haine and Title	<u> </u>

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	Name BCBS of Florida Client	Name
ngage informa	YING ACTIVITY. Select as many codes as nece d in lobbying on behalf of the client during the repation as requested. Attach additional page(s) as ne	ssary to reflect the general issue areas in which the regorting period. Using a separate page for each code, peded
	neral issue area code PHA (one per page)	
16. Spe	ecific lobbying issues	
		lusivity issues in the following legisla ror Act of 2005", S 666 "Family Smoking Project BioShield II Act of 2005".
17. Ho	use(s) of Congress and Federal agencies contacted	☐ Check if None
	U.S. House of Representatives U.S. Senate	•
18. Nan	ne of each individual who acted as a lobbyist in thi	s issue area
******************************	Name Jeffry R. Wollitz	Covered Official Position (if applicable)
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ame_BCBS		lient Name		
· · · · · · · · · · · · · · · · · · ·	e Page - Complete ONLY wh	ere registration information h	as changed.	
0. Client new address				
1. Client new principal place (of business (if different from line 20)			*******
Zitv		te/Zip (or Country)		
2. New general description of				*******
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OBBYIST UPDATE	`			
	, usly reported individual who is n	o longer expected to act as a lob	bvist for the client	
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SSUE UPDATE				
4. General lobbying issu	es previously reported that no lo	nger pertain		
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FFILIATED ORGAN 5. Add the following affi	NIZATIONS			
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		•••••	(city and state or c	oun
Name of each previou	sly reported organization that is a	no longer affiliated with the regi	strant or client	
		•		
OREIGN ENTITIES				
Add the following fore	eign entities			
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ow
		(01) and sale of country)		pen clie
. Name of each previous	sly reported foreign entity that no	langer ourse ar controls as i		<u></u>
affiliated organization	l	, longer owns, or condois, or is	arrillated with the registr	ant, c
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nted Name and Title	1	Date_		

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