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LOBBYING REPORT

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

1. Registrant Name Regence Blue Cross Blue Shield of Oregon			
2. Address <input type="checkbox"/> Check if different than previously reported 100 SW Market Street MS: E12A			
3. Principal Place of Business (if different from line 2) Portland OR 97201 City: State/zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Pamela K Lally	(503) 225-6982	pklally@regence.com	
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #
Pamela K Lally			

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <div style="text-align: center;">Income (nearest \$20,000)</div>	EXPENSES relating to lobbying activities for this report period were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <div style="text-align: center;">Expenses (nearest \$20,000)</div>
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 op <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitic <input type="checkbox"/> Method B. Reporting amounts under section 6033(Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e Internal Revenue Code

Signature _____

Date _____

Printed Name and Title

Pamela K Lally, Manager, Legislative Affairs

LD-2 (REV. 4/03)

PAGE 1 of

Regence Blue Cross Blue Shield of Oregon

Registrant Name _____ Client Name Pamela K Lally

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

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

16. Specific lobbying issues

AHPs: S545 & HR 660 "Small Business Health Fairness Act of 2003."
TAA: Amendment to FSC/ETI Bill; 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."

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

House of Representatives and the Senate

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

Name	Covered Official Position (if applicable)
Pamela K Lally	
Michael S. Becker (only on AHPs to the House of Representatives)	

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

Signature _____ Date _____

Pamela K Lally, Manager, Legislative Affairs

Regence Blue Cross Blue Shield of Oregon

Registrant Name _____ Client Name Pamela K Lally

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 (one per page)

16. Specific lobbying issues

Medicare Modernization Act (HR1 and S1); Medicare Regions; Medicare+Choice program; Medicare Contractor Reform; S1369 "A bill to ensure that prescription drug benefits offered to medicare eligible enrollees in the FEHBP are at least equal to the actuarial value of prescription drug benefits offered to enrollees under the plan generally."

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

House of Representatives and the Senate

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

Name	Covered Official Position (if applicable)
Pamela K Lally	

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

Signature *Pamela K Lally* Date 08/10/04

