

Richard J. Cockrum
Vice President
Government Relations

Anthem Blue Cross and Blue Shield
120 Monument Circle
Indianapolis, IN 46204-4903
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01 FEB -6 AM 8:07

Anthem 

January 25, 2001

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, D.C. 20510

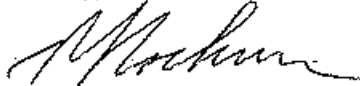
Re: Lobbying Report, ID 31526000

Dear Madame/Sir:

Enclosed is the lobbying report for Anthem Insurance Companies, Inc. for the period July through December 2000. This is a termination report as my job duties have changed and neither I nor any other Anthem Associate spends 20% of his or her time on Federal lobbying activities. If you have any questions or need any additional information, please let me know.

Thank you for your consideration in this matter. If you have any questions, please let me know.

Sincerely,



Richard J. Cockrum

RJC/ml

Enclosure



U-7 (5/00)



Anthem Insurance Companies of the Blue Cross and Blue Shield Companies
Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.
Anthem Insurance Companies of the Blue Cross and Blue Shield Companies

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 <u>ANTHEM INSURANCE COMPANIES, INC</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>120 MOUNTAIN CIRCLE, INDIANAPOLIS, INDIANA, 46201</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name <u>RICHARD J. CERRVAL</u>	Telephone <u>(317) 488-0575</u>	E-mail (optional) <u>rick.cerrval@anthem.com</u>	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID # <u>31526000</u>		

TYPE OF REPORT 8. Year _____ 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 11/4/00

11. No Lobbying Activity

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 checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature [Signature]

Printed Name and Title VICE PRESIDENT GOVERNMENT RELATIONS

LD-2 (REV. 6/98)

PAGE 1 of 3

Registrant Name AMERICAL INSURANCE CO. INC. Client Name SAMC

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

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

16. Specific lobbying issues

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

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

Name	Covered Official Position (if applicable)	New
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature *A. Robinson* Date 1-26-01

Printed Name and Title VICE PRESIDENT GOVERNMENT RELATIONS

Registrant Name AMERICAN INSURANCE CO. INC. Client Name JANIE

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

Richard J. Cecceva

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

None None

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	Ownership percentage in client

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

Signature *[Signature]* Date 01-26-01
Printed Name and Title VICE PRESIDENT GOVERNMENT RELATIONS