

00 AUG -3 AM 9:37

# LOBBYING REPORT

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

1. Registrant Name: <u>ANTHEM BLUE CROSS AND BLUE SHIELD - CO+NV</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>700 BROADWAY, DENVER CO 80273</u>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <u>CARL MINER</u>	Telephone <u>303-831-5810</u>	E-mail (optional) <u>CEVILLE@Bncfmail.com</u>	5. Senate ID # <u>33567-12</u>
7. Client Name <input type="checkbox"/> Self			6. House ID # <u>3072400</u>

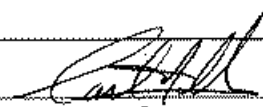
TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

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 Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p><b>12. Lobbying Firms</b></p> <p>INCOME 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><b>13. Organizations</b></p> <p>EXPENSES 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"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature: 

Printed Name and Title: CARL MINER, GOVT RELATIONS DIRECTOR

Registrant Name ANTHEM BCBS - CO + NV Client Name \_\_\_\_\_

**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 HCR (one per page)

16. Specific lobbying issues  
PATIENTS Bill of Rights - H.R. 2990  
MEDICARE R - H.R. 4680, S. 2758  
ANTITRUST/PHYSICIANS - H.R. 1304


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

HOUSE  
SENATE

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

Name	Covered Official Position (if applicable)	New
<u>Carl Miller</u>		<input type="checkbox"/>
<u>REBECCA WEISS</u>		<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  Date 2/26/00  
Printed Name and Title CARL MILLER, GOV'S RINS DIRECTOR

Registrant Name Antitem BCBS - CO + NV Client Name \_\_\_\_\_

**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 INS (one per page)

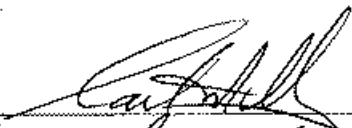
16. Specific lobbying issues  
PATIENTS BILL OF RIGHTS  
H.R. 1304

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

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

Name	Covered Official Position (if applicable)	Rev
<u>CALL MILLER</u>		<input type="checkbox"/>
<u>REBECCA WELLS</u>		<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  Date 7/26/00  
Printed Name and Title CALL MILLER, GOD'S KING DIRECTOR

Registrant Name ANTHONY BEERS - CO + NV Client Name \_\_\_\_\_

**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 LBR (one per page)

16. Specific lobbying issues

ANTITRUST AMENDMENTS  
FOR PHYSICIANS - H.R. 1304


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

HOUSE  
SENATE

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

Name	Covered Official Position (if applicable)	New
<u>CARL MILLER</u>		<input type="checkbox"/>
<u>REBECCA WEISS</u>		<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  Date 7/27/00  
Printed Name and Title CARL MILLER, GOVT RELS. DIRECTOR

Registrant Name ANTHONY BUBS - CO + NV Client Name \_\_\_\_\_

**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 MMM (one per page)

16. Specific lobbying issues

MEDICARE RX  
H.R. 4680  
S. 2758


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

HOUSE  
SENATE

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

Name	Covered Official Position (if applicable)	New
<u>CARL MILLER</u>		<input type="checkbox"/>
<u>REBECCA WEISS</u>		<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  Date 2/26/00  
Printed Name and Title CARL MILLER, GOV'T REPS. DIRECTOR

Registrant Name ANTHONY BESS - CO + NV Client Name \_\_\_\_\_

**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 PHA (one per page)

16. Specific lobbying issues

Medicare Rx  
H.R. 4680  
S. 2758

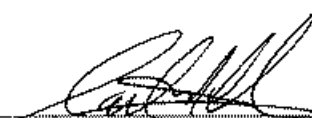
17. House(s) of Congress and Federal agencies contacted  Check if None

House  
Senate

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

Name	Covered Official Position (if applicable)	Rev
<u>CALL MILLER</u>		<input type="checkbox"/>
<u>REBECCA WEISS</u>		<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  Date 7/26/00  
Printed Name and Title CALL MILLER, GOV'T RELS DIRECTOR