



85 North Danny Thomas Blvd.  
 Memphis, TN 38103-2398 SECRETARY OF THE SENATE  
 (901) 544-2105  
 Fax: (901) 544-2565  
 E-Mail: Calvin\_Anderson@BCBST.com

00 JAN -6 PM 2:09

Calvin Anderson  
 Vice President  
 Corporate Affairs

H.D.

December 28, 1999

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

Re: Request for 1999 Mid-Year  
 Lobbying Disclosure Report

Gentlemen:

Pursuant to your letter dated December 10, 1999, I have enclosed herewith a copy of the 1999 Mid-Year Lobbying Disclosure Report. The original report was previously submitted to the Clerk of the House, 1036 Longworth Building, Washington, DC 20515 on August 5, 1999.

I trust this will satisfy your request. However, if additional information is needed please let me know.

Sincerely,

*Calvin Anderson*  
 Calvin Anderson

CA/ybg

Enc.

*[Faint, illegible text]*



**BlueCross BlueShield  
of Tennessee**  
An Independent Licensee of the  
BlueCross BlueShield Association

85 North Danny Thomas Blvd.  
Memphis, TN 38103-2398  
(901) 544-2105  
FAX: (901) 544-2565  
E-Mail: Calvin\_Anderson@RCBST.com

Calvin Anderson  
Vice President  
Corporate Affairs

*cc: Sherrill  
4/2/99  
2/6/99*

SECRETARY OF THE SENATE  
00 JAN -6 PM 2:10  
H.D.

August 5, 1999

Clerk of the House  
1036 Longworth Building  
Washington, DC 20515

Re: 1999 Mid-Year Lobbying Report

Dear Mr. Clerk:

Please find enclosed BlueCross BlueShield of Tennessee's 1999 Mid Year lobbying report which includes a completed form LD-2 for the period January - June, 1999.

Please accept this filing as our mid-year report.

Sincerely,

*Calvin Anderson*  
Calvin Anderson

CA/ybg

Enc.

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

## LOBBYING REPORT

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

SECRETARY OF THE SENATE  
00 JAN 11 PM 2:10  
H.O.

1. Registrant Name BlueCross BlueShield of Tennessee			
2. Address <input type="checkbox"/> Check if different than previously reported 85 North Danny Thomas Blvd., Memphis, TN 38103			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Calvin Anderson (901) 544-2105 Calvin_Anderson@CBEST.com		Telephone Calvin Anderson@CBEST.com	5. Senate ID # 6440-12
7. Client Name <input checked="" type="checkbox"/> Self		6. House ID # 33435000	

TYPE OF REPORT 8. Year 1999 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

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (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).	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 Calvin Anderson

Printed Name and Title Calvin Anderson, Vice President

Registrant Name BlueCross BlueShield of TN Client Name Calvin Anderson

**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 HR (one per page)

16. Specific lobbying issues

S-1344 Patients' Bill of Rights  
HR- 204 MEWAs (Multiple Employer Welfare Arrangements)

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)	Ne
Calvin Anderson	Vice President	<input type="checkbox"/>
Ron Harr	Vice President	<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 Calvin Anderson Date August 5, 1999

Printed Name and Title Calvin Anderson, Vice President

Registrant Name BlueCross BlueShield of TN Client Name Calvin Anderson

**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)

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

*Calvin Anderson*

Date August 5, 1999

Printed Name and Title Calvin Anderson, Vice President

Form LD-2 (Rev. 6/98)

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