

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510SECRETARY OF THE SENATE  
Washington,

02 MAY 15 PM 2:35

**LOBBYING REPORT**

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

|  |                             |                   |               |
|--|-----------------------------|-------------------|---------------|
| 1. Registrant Name<br>BCBSM, Inc. (32499000)   |                             |                   |               |
| 2. Address <input type="checkbox"/> Check if different than previously reported<br>P.O. Box 64560, Mail Station 3--7 |                             |                   |               |
| 3. Principal Place of Business (if different from line 2)<br>City: St. Paul State/Zip (or Country) Minnesota 55164   |                             |                   |               |
| 4. Contact Name<br>Robert Mills  | Telephone<br>(651) 662-8029 | E-mail (optional) | 5. Sen<br>568 |
| 7. Client Name <input checked="" type="checkbox"/> Self  |                             |                   | 6. Hou        |

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (Jul9. Check if this filing amends a previously filed version of this report ☐10. Check if this is a Termination Report ☐ ⇌ Termination Date \_\_\_\_\_ 11. No L**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"/> ⇌ \$ _____<br/>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 period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇌ \$ <u>36,202</u><br/>Expenses (near</p> <p><b>14. REPORTING METHOD.</b> Check box to accounting method. See instructions for descri</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LD/</p> <p><input type="checkbox"/> Method B. Reporting amounts under sect Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under sec Internal Revenue Code</p> |
|--|---|

Signature

*Mary Prentnieks* 2/08/02

Mary Prentnieks, Sr. Policy Counsel

Printed Name and Title \_\_\_\_\_

LD-2 (REV. 6/98)

Registrant Name BCBSM, Inc. Client Name Self

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

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

16. Specific lobbying issues

Privacy of Medical Records/Health Issues/Patient Protection

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) |
|-----------------|---|
| Mary Prentnieks | Sr. Policy Counsel                        |
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|                 |   |

19. Interest of each foreign entity in the specific issues listed on line 16 above

☐ Check if None

Signature

*Mary Prentnieks*

Date

2/6/10

Printed Name and Title Mary HEMPHERS, Sr. Policy Counsel

Form LD-2 (Rev. 6/98)

Registrant Name BCBSM, Inc. Client Name Self

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

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

16. Specific lobbying issues

Medicaid Reform and Related Legislation  
Medicare Reform

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

Senate  
House

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

| Name            | Covered Official Position (if applicable) |
|-----------------|---|
| Mary Prentnieks | Sr. Policy Counsel                        |
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19. Interest of each foreign entity in the specific issues listed on line 16 above

☐ Check if None

Signature

*Mary Prentnieks*

Date

02/08/02

Printed Name and Title Mary Prentnieks, Sr. Policy Counsel



Registrant Name BCBSM Client Name Self

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

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

16. Specific lobbying issues

Lobbying Reform  
Federal Employees Health Benefits Program

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

House  
Federal

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

| Name            | Covered Official Position (if applicable) |
|-----------------|---|
| Mary Prentnieks | Sr. Policy Counsel                        |
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19. Interest of each foreign entity in the specific issues listed on line 16 above

☐ Check if None

Signature Mary Prentnieks Date 02/08/07  
Printed Name and Title Mary Prentnieks, Sr. Policy Counsel

4

Registrant Name BCBSM Client Name Self

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

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

16. Specific lobbying issues

Taxation and Health Plans

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) |
|-----------------|---|
| Mary Prentnieks | Sr. Policy Counsel                        |
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19. Interest of each foreign entity in the specific issues listed on line 16 above

☐ Check if None

Signature Mary Prentnieks Date 02/08/10

Printed Name and Title ( ) Mary Prentnieks, Sr. Policy Counsel

4

Registrant Name BCBSM Client Name Self

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

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

16. Specific lobbying issues

Insurance Reform  
Managed Care Issues

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) |
|-----------------|---|
| Mary Prentnieks | Sr. Policy Counsel                        |
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19. Interest of each foreign entity in the specific issues listed on line 16 above ☐ Check if None

Signature Mary Prentnieks Date 02/08/08

Printed Name and Title Mary Prentnieks, Sr. Policy Counsel



Registrant Name BCBSM Client Name Self

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

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

16. Specific lobbying issues

Funding for Medicare Contractors

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

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|-----------------|---|
| Mary Prentnieks | Sr. Policy Counsel                        |
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19. Interest of each foreign entity in the specific issues listed on line 16 above

☐ Check if None

Signature

*Mary Prentnieks*

Date

02/05/02

Printed Name and Title

Mary Prentnieks, Sr. Policy Counsel



Registrant Name BCBSM, Inc. Client Name Self

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

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

16. Specific lobbying issues

Pharmacy/Prescription Drug Costs

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) |
|-----------------|---|
| Mary Prentnieks | Sr. Policy Counsel                        |
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19. Interest of each foreign entity in the specific issues listed on line 16 above

☐ Check if None

Signature Mary Prentnieks Date 02/08/08

Printed Name and Title Mary Pfenninger, Sr.

Registrant Name BCBSM, Inc. Client Name Self

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

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

16. Specific lobbying issues

Torts/Health Plan Liability

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

House  
Senate

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| Name            | Covered Official Position (if applicable) |
|-----------------|---|
| Mary Prentnieks | Sr. Policy Counsel                        |
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19. Interest of each foreign entity in the specific issues listed on line 16 above

☐ Check if None

Signature

*Mary Prentnieks*

Date

*02/01*

Printed Name and Title Mary Prentnicks, Sr. Policy Counsel