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

Go to

SECRETARY O
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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Has this registrant previously registered with the Office of the Clerk? ☐ Yes ☒ No

1. Effective Date of Registration _____

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Organization Regence BlueShield

Address 1800 Ninth Avenue M/S S1120

City Seattle State WA Zip 98101 US

4. Principal place of business (if different than line 3)

City State Zip

5. Telephone number and contact name Prefix Full Name

(206) 332-5830 Contact Ms. Kristi Huff E-mail kdhuff@regence.com

6. General description of registrant's business or activities

Health Insurance

CLIENT

*A **Lobbying firm** is required to file a separate registration for each client. **Organizations employing in-house lobbyists** should check the b*
labeled "Self" and proceed to line 10. ☒ *Self*

7. Client name Regence BlueShield

Address

City State Zip Country

8. Principal place of business (if different than line 7)

City State Zip Country

9. General description of client's business or activities

LOBBYISTS

Go to page 3 to add more l

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person li section has served as a "covered executive branch official" or "covered legislative branch official" within two years of fir a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name First	Last	Suffix	Covered Official Position (if applicable)
Kristi	Huff		

00006111112

Registrant Name Regence BlueShield Client Name Regence BlueShield

LOBBYING ISSUES

Find the code to select below.

Go to page 3 to add more lobbyir

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

HCR

12. Specific lobbying issues (current and anticipated)

Association Health Plans, Market Reform Proposals, Medicare Funding, Medicare Advantage

AFFILIATED ORGANIZATIONS

Go to page 3 to add more orgar

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a semiannual period **and** in whole or in major part plans supervises or controls the registrant's lobbying activities?

☒ No ⇨ Go to line 14. ☐ Yes⇨ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal place of Busines (city and state or country

FOREIGN ENTITIES

Go to page 3 to add more foreig

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **or**

b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes act the client or any organization identified on line 13; **or**

c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes⇨ Complete the rest of this section for each entity matching the criteria above, then sign and date registration.

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	O pe i

Form Co

Printed Name and Title Kristi Huff

LD-1DS (Rev. 4.06)

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Registrant Name Regence BlueShield

Client Name Regence BlueShield

ADDITIONAL LOBBYISTS

Return to page 2 to finish

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name			Covered Official Position (if applicable)
First	Last	Suffix	

ADDITIONAL LOBBYING ISSUES

Return to page 2 to finish

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

AFFILIATED ORGANIZATIONS

Return to page 2 to finish

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, numb

Name	Address	Principal place of Busines (city and state or countr

ADDITIONAL FOREIGN ENTITIES

Return to page 2 to finish

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	(perc

Add an additional supplementary informat

Printed Name and Title Kristi Huff

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