

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY  
WASHINGTON, D.C. 20001

Year 2013

Non-Profit  For-Profit

ORIGINAL

LOBBYIST REGISTRATION FORM  
(See next page for instructions)

AMENDMENT

Filing Fee Enclosed  \$250.00  
 \$50.00

1. (a) Registrant's Name CareFirst BlueCross BlueShield (b) Daytime Phone Number 410-605-2591  
(c) Permanent Address 1501 S. Clinton Street, 17th Floor, Baltimore, MD 21224  
(Street Address) (City, State, Zip Code)  
(d) Temporary Address (while lobbying) \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(e) E-Mail Address maria.tildon@carefirst.com

2. Lobbyist(s) Working for Registrant: List the full name of each in-house person employed and each individual retained by you to lobby on your behalf. If you do not employ an in-house person or retain an individual to lobby, state non-applicable.

(a) Name Maria Tildon  
Address 1501 S. Clinton Street  
(Street Address)  
Baltimore, MD 21224  
(City, State, Zip Code)

(b) Name Tonya Vidal Kinlow  
Address 840 First Street, NE  
(Street Address)  
Washington, DC 20065  
(City, State, Zip Code)

Daytime Phone Number 410-605-2591  
 If more space is needed, check box and attach OCF Supplemental Sheet.

Daytime Phone Number 202-680-7444

3. Person Compensating Registrant: List the full name of each client with whom you have an agreement for compensation to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

(a) Name non-applicable

(b) Daytime Phone Number \_\_\_\_\_

(c) Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

(d) Nature of Business \_\_\_\_\_

4. Terms of Compensation: (a) salaried employee (b) indefinite  
(Salary) (Duration of Employment)

If more space is needed, check box and attach OCF Supplemental Sheet.

5. Identify each matter by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

All matters related to health insurance, health care cost containment, health care reform and health insurance regulation

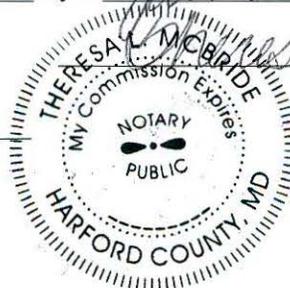
I, the undersigned, declare under oath and on penalty of perjury that the statements contained in this Lobbyist Registration Form are, to the best of my knowledge, true, correct, and complete.

Signature of Registrant (or, if not an individual, an authorized officer or agent\* of registrant must sign)

\*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.

Subscribed and sworn to before me on this 8<sup>th</sup> day of January, 2013

My Commission Expires: 5/12/2016



Notary Public

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Supplemental Sheet  
CareFirst BlueCross BlueShield

ID#LOB000120484

Lobbyist Registration Form

**2. Lobbyist (s) Working for Registrant:**

Brett Greene  
American Management Corporation  
1455 Pennsylvania Avenue NW  
Suite 400  
Washington, DC 20004  
Phone: 202-882-4854

Supplemental Sheet  
CareFirst BlueCross BlueShield

ID#LOB000120484

Lobbyist Registration Form

**4. Terms of Compensation:**

Brett Greene (a) On Retainer (b) indefinite