# FORM LM-30
## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 28 U.S.C. 439 or 440.

### READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<table>
<thead>
<tr>
<th>1. File Number</th>
<th>U-2444</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Name and address of person filing:</td>
<td>Calvin Rapson</td>
</tr>
<tr>
<td>P.O. Box, Bldg., Room No., if any</td>
<td>8000 East Jefferson</td>
</tr>
<tr>
<td>City</td>
<td>Detroit</td>
</tr>
<tr>
<td>State</td>
<td>Michigan</td>
</tr>
<tr>
<td>ZIP Code + 4</td>
<td>48214</td>
</tr>
<tr>
<td>4. Name, file number, and address of labor organization:</td>
<td>International Union UAW</td>
</tr>
<tr>
<td>Labor Organization File Number</td>
<td>000-149</td>
</tr>
<tr>
<td>P.O. Box, Building and Room Number, if any</td>
<td>8000 East Jefferson</td>
</tr>
<tr>
<td>City</td>
<td>Detroit</td>
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<tr>
<td>State</td>
<td>Michigan</td>
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<tr>
<td>ZIP Code + 4</td>
<td>48214</td>
</tr>
<tr>
<td>5. Position in labor organization:</td>
<td>Vice President</td>
</tr>
</tbody>
</table>

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

| 6. Name and address of Employer (including trade name, if any): | |
| Name | |
| Trade Name, if any | |
| P.O. Box, Bldg., Room No., if any | |
| Street | |
| City | |
| State | ZIP Code + 4 |
| 7a. Nature of Interest, Transaction, or Income. | |

7b. Amount.

| 7. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |

Signed: Calvin \[Signature\]  
Date 313-926-5000  
Telephone Number
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).
   Name: Blue Cross Blue Shield of Michigan
   Trade Name, if any:
   P.O. Box, Bldg., Room No., if any
   Street: 600 East Lafayette Blvd.
   City: Detroit
   State: Michigan
   ZIP Code +4: 48226-2998

9. Business deals with:
   X a. Labor Organization
   b. Trust
   c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.
    Name
    Trade Name, if any:
    P.O. Box, Bldg., Room No., if any
    Street
    City
    State
    ZIP Code +4

11.a. Nature of such dealing:
      See Attached Sheet, including for 11.b

11.b. Approximate dollar value of such dealing:

12.a. Nature of interest held or income received:
      See Attached Sheet, including for 12.b

12.b. Amount:

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).
      Name
      Trade Name, if any:
      P.O. Box, Bldg., Room No., if any
      Street
      City
      State
      ZIP Code +4

13.b. Is the Business an Employer or Consultant?

14.a. Nature of payment:

14.b. Amount of payment.
Question 10.

Blue Cross Blue Shield of Michigan ("BCBSM") is a non-profit health care provider organized under Public Act 350 of the laws of the State of Michigan. It is one of the largest providers of health care benefits in the country. The UAW contracts with Blue Cross Blue Shield of Michigan ("BCBSM") to provide medical benefits to various UAW staff and clerical employees of the union. BCBSM also provides medical coverage to a large number of UAW-represented employees and retirees at literally hundreds of UAW-represented worksites across the country. The electronic LM-30 form will not allow me to check both boxes 9.a and 9.c, but both apply since BCBSM provides benefits both the UAW itself (through the UAW's contract with BCBSM to provide medical benefits to staff and clerical employees of the union), and to UAW-represented employees at locations across the country. In addition, the UAW represents certain clerical employees of BCBSM, and bargains on their behalf. I have filled in Section B of the form, but the same information would also apply to Section A.

Question 11.a.

I serve on the Board of Directors of Blue Cross/Blue Shield of Michigan. [Elected]

Question 11.b

My membership on the BCBSM Board of Directors requires that I attend various meetings of that Board. In connection with those meetings, BCBSM occasionally holds receptions for Board members, which include traditional light refreshments (coffee, doughnuts, etc.). I attended approximately one (1) such reception before or after BCBSM Board meetings during 2006. My participation in these BCBSM Board meetings and receptions is identical to that of all other members of the BCBSM Board of Directors.

In addition, the Board of Directors traditionally holds one off-site Board meeting each year. This meeting lasts two (2) days, and BCBSM provides all of its Board members with lodging to enable them to attend that meeting.

Service on the Board of Directors of BCBSM is compensated. My compensation is exactly the same as that of other Board members, and last year was approximately $31,000. In keeping with established UAW policy, all compensation is directed to charities of my choice, excluding all appropriate taxes.
I understand that BCBSM has filed an LM-10 report, in which they have estimated the value of the receptions which were held in connection with the Board meetings that I attended. I believe those estimates are over-stated because I did not attend all of the receptions listed there and, at the few receptions I did attend, I consumed only small amounts of coffee, doughnuts and the like. I would estimate that the total value of the food and beverages I consumed over the course of the year at these receptions is under $10. Their LM-10 filing also creates the appearance that I personally received $31,010 in compensation. That is not accurate, since (as described above) I directed them to donate my compensation to the charities described above. The LM-10 also includes a $72 amount for “insurance.” I am not certain what that involves, but I assume it is for traditional “Director and Officer” coverage, which BCBSM routinely provides to all of its Board members. Finally, the BCBSM LM-10 filing attributes a value of $100 to a framed photograph of the BCBSM building that it provided to all members of its Board. In keeping with UAW policy, I am not retaining that photograph but have donated it to the UAW. I also attribute zero value to that photograph.

**Question 12.a**

See answers above.

**Question 12.b**

See answers above.