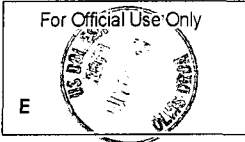


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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|  |  |
|--|--|
| 1. File Number U - <input type="text" value="01942"/>  | 2. Fiscal Year Covered From:<br><input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2009"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>   |
| 3. Name and address of person filing.<br>Name <input type="text" value="Mary"/> <input type="text" value="E"/> <input type="text" value="Bunn"/><br>P.O. Box, Bldg., Room No., if any <input type="text"/><br>Street <input type="text" value="8000 E. Jefferson Avenue"/><br>City <input type="text" value="Detroit"/><br>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48214"/> | 4. Name, file number, and address of labor organization.<br>Name <input type="text" value="International Union, UAW"/><br>Labor Organization File Number <input type="text" value="000-149"/><br>P.O. Box, Building and Room Number, if any <input type="text"/><br>Street <input type="text" value="8000 E. Jefferson Avenue"/><br>City <input type="text" value="Detroit"/><br>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48214"/> |
| 5. Position in labor organization. <input type="text" value="Secretary-Treasurer"/>  |  |

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).<br>Name <input type="text" value="Blue Cross Blue Shield of Michigan"/><br>Trade Name, if any: <input type="text"/><br>P.O. Box, Bldg., Room No., if any <input type="text"/><br>Street <input type="text" value="600 Lafayette Boulevard"/><br>City <input type="text" value="Detroit"/><br>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48226"/> | 7.a. Nature of Interest, Transaction, or Income.<br><input type="text" value="See Attached Sheet, including for 7.b"/><br>7.b. Amount.<br><input type="text"/> |

Signature

15. 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 Mary Elizabeth B On 03/23/2010   
Date 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

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- 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.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

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

14.a. Nature of payment.

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

14.b. Amount of payment.

Mary E. Bunn  
File Number U-01942  
Attachment to Form LM-30 for period ending 12/31/09

Question 7.a and 9:

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 to 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, maintenance and professional 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.

Question 7.b and 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 did not attend any of these receptions during 2009, but I believe that BCBSM may have included a pro-rated cost of those receptions in a recent LM-10 filing. My participation in these BCBSM Board meetings and my responsibilities to the BCBSM Board is identical to that of all other members of the BCBSM Board of Directors.

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 \$25,620. 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 it may have estimated the value of the receptions which were held in connection with the Board meetings that I attended. I believe those estimates may be overstated because I did not attend. Its

Mary E. Bunn  
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LM-10 filing also creates the appearance that I personally received \$25,620.23 in compensation. That is not accurate since (as described above) I donate my compensation to the charities of my choice. The LM-10 also includes a \$48 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.

Question 12.a:

See answers above.

Question 12.b:

See answers above.

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