

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

PREMERA BLUE CROSS POLITICAL ACTION COMMITTEE / PREMERA PAC

ADDRESS (number and street)

7001 220TH STREET, SW MS355

(Check if address is changed)

MOUNTLAKE TERRACE

WA

98043

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Holly_J_Morris@comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2483717272

2. DATE

MM / DD / YYYY
06 / 07 / 2006

3. FEC IDENTIFICATION NUMBER

C C00409227

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Jack McRae

Signature of Treasurer

Electronically Filed by Jack McRae

Date

MM / DD / YYYY
06 / 07 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

PREMERA BLUE CROSS

Mailing Address **7001 220TH STREET, SW**
MS 355
MOUNTLAKE TERRACE **WA** **98043** - **2124**
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **CONNECTED** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

PREMERA BLUE CROSS POLITICAL ACTION COMMITTEE / PREMERA PAC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **JAMES HOEBERLING**

Mailing Address **COMERICA BANK, PAC SERVICES**
P.O. BOX 75000
DETROIT MI 48275 - 2250

Title or Position ▼ **RECORDKEEPER** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **248 371 5562**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **JACK McRAE**

Mailing Address **7001 220TH STREET, SW**
MS 355
MOUNTLAKE TERRACE WA 98043 - 2124

Title or Position ▼ **TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **425 918 5757**

Full Name of Designated Agent **JUDSON GREIF**

Mailing Address **7001 220TH STREET, SW**
MS 355
MOUNTLAKE TERRACE WA 98043 - 2124

Title or Position ▼ **ASST. TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **425 918 6129**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

| | | | |
|-----------------|----------------|---------|--------------|
| | COMERICA BANK | | |
| Mailing Address | PAC SERVICES | | |
| | P.O. BOX 75000 | | |
| | DETROIT | MI | 48275 - 2250 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

BLUEPAC- BCBS ASSN PAC

Mailing Address

1310 G STREET, NW

WASHINGTON DC 20005

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

AFFILIATED PAC

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number - -

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

__

____-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

__

____-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number - -