

SEP 30 11:26
FEDERAL ELECTION COMMISSION

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Circle the Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the line. LIFE-945
UnitedHealth Group Incorporated Political Fund

ADDRESS (number and street) (Check if address is changed)
9900 Brea Road East
Minnetonka MN 55343
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
202-371-3569

2. DATE 09 28 2004

3. FEC IDENTIFICATION NUMBER C 00274631

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

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

Type or Print Name of Treasurer Patrick J. Erlanson

Signature of Treasurer [Signature] Date 09 28 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing the Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS.

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
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- (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
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- (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

Golden Rule Financial Corporation Political Action Committee

Mailing Address 7440 Woodland Drive

Indianapolis IN 46278

CITY STATE ZIP CODE

Relationship Affiliated Committee

Type of Connected Organization:

- | | | |
|---|-------------------------------|--------------------|
| <input checked="" type="checkbox"/> Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

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

Mid Atlantic Medical Services Inc Political Action Committee

Mailing Address

4 Taft Court

Rockville

MD

20850

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated Committee

Type of Connected Organization:

- | | | |
|---|-------------------------------|--------------------|
| <input checked="" type="checkbox"/> Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

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 territorial) 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

Oxford Health Plans, Inc, Committee for Quality Healthcare

Mailing Address 49 Monroe Turnpike

Trumbull CT 06611

CITY STATE ZIP CODE

Relationship Affiliated Committee

Type of Connected Organization:

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

Write or Type Committee Name

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 Manuela Stevens Boehm

Mailing Address 1225 New York Avenue, NW
Suite 475
Washington DC 20005

Title or Position Executive Assistant CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

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 Patrick J. Erlandson

Mailing Address 9900 Bren Road East
MN008-1926
Minnetonka MN 55343

Title or Position CFO - Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

Full Name of Designated Agent Scott E. Theisen

Mailing Address 9900 Bren Road East
MN008-W395
Minnetonka MN 55343

Title or Position VP - Corporate Controller CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

B. 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.

Mellon Bank

Mailing Address

P.O. Box 329

Pittsburgh

PA

15230

0329

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 9-30-04
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
ja PREPARER (5/2004)	9-30-04 DATE PREPARED