

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed) HEALTH NET, INCORPORATED POLITICAL ACTION COMMITTEE	2. DATE 1/20/01
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 21650 Oxnard Street, 25th Floor	3. FEC Identification Number C00230789
(c) City, State and ZIP Code Woodland Hills, CA 91367	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
HEALTH NET FEDERAL SERVICES, INC. POLITICAL ACTION COMMITTEE	21650 OXNARD STREET, 25th FL. WOODLAND HILLS, CA 91367	AFFILIATED

*Name change
Please return
a stamped
copy*

Type of Connected Organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Corporation w/o Capital Stock <input type="checkbox"/> LLC	<input type="checkbox"/> Trade Association <input type="checkbox"/> Cooperative person in possession of committee books and
7. Custodian of Records: Identify by name, address (phone records).	
HALEY SMITH Full Name 21651 WOODLAND HILLS, CA 91367	OR Title or Position TREASURER

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	Mailing Address	Title or Position
HALEY SMITH, TREASURER;	CHARLES ROSE ASST. TREAS.;	SAME ADDRESS AS COMMITTEE
THOMAS W. HILTACHK	455 CAPITOL MALL, SUITE 801 SACRAMENTO, CA 95814	ASST. TREASURER

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.	Mailing Address and ZIP Code
UNION BANK OF CALIFORNIA	400 CALIFORNIA STREET SAN FRANCISCO, CA 95104

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	SIGNATURE OF TREASURER	DATE
THOMAS W. HILTACHK, ASST. TREAS.		1/20/01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.