FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		See instruction		N									
1. NAME OF	£.(I)	(Check if name	Exar	nple: If typyir	ng, type	1	2FE	4M5	Offic	ce use on	у		
COMMITTEE (in	Tuli)	is changed)	over	the lines		Ľ	41 L	+IVI3					
WellPoint, Inc	WELLPAC		ш						ш		ш		ш
							ш		ш	ш	ш		لب
ADDRESS (number and	street)	Monument Circle	<u> </u>		111		ш		ш				لــــا
(Check if add	ress			шш			ш		ш	ш	ш		ш
is changed)		anapolis 	ш		ш	L	IN		Ш	4620	<u> </u> 4		لب
			CITY			ST	ATE	•		ZIF	CODE	≣ ▲	
COMMITTEE'S E-MA													
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				шш			ш		ш	ш	ш		لب
COMMITTEE'S WEB	PAGE ADDRESS (L	JRL)											
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COMMITTEE'S FAX	NUMBER												
با لبنا	سيا لي	_											
2. DATE M	M / D D / Y	2007											
3. FEC IDENTIFICA	ATION NUMBER	C	C C00	197228									
4. IS THIS STATE!	MENT NEV	V (N) OR	X	AMENI	DED (A)								
I certify that I have exam	nined this Statement and	I to the best of my know	vledge an	d belief it is tr	ue, correct	and co	mplete	Э					
Type or Print Name of	Treasurer	Marjorie Maginn											
Signature of Treasure	r Electronically File	ed by Marjorie M	aginn			Dat	е	м 0 1	M /	02	/ Y	ž () 0 7
NOTE: Submission of fa		mplete information may								f 2 U.S.0	C. S437	⁷ g.	
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Comm 0-424-9530	nission	act:				FOR ed 02/20		

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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						
	Party Affiliation Sought: House Senate President	State					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		ocratic, blican,etc.) Party. or party					
ŝ.	Name of Any Connected Organization or Affiliated Committee						
	WellPoint, Inc.						
L							
	Mailing Address 120 Monument Circle						
	Indianapolis IN 4620	14					
	CITY▲ STATE▲ ZII	CODE A					
	Relationship Connected						
	Type of Connected Organization:						
	X Corporation Corporation w/o Capital Stock Labor Organization						
	Membership Organization Trade Association Cooperative						

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Write or Type Committee Name							
WellPoint, Inc. WELLPAC							
 Custodian of Records: Identify possession of Committee book 		ber optional), and pos	ition of th	e person in			
Full Name Tracy Winn							
Mailing Address	120 Monument Circle						
	Indianapolis	IN		46204			
Title or Position ♥	CITY A	STAT	EA	ZIP CO	DE A		
Assistant Treas	surer	Telephone number	317	488	6134		
of Treasurer Marjorie Ma Mailing Address	inn 120 Monument Circle						
	Indianapolis			46204 _			
Title or Position ♥	CITY A	STAT	EA	ZIP CODE A			
Treasurer		Telephone number	317	488	6351		
Full Name of Designated Agent Tracy Winn							
Mailing Address	120 Monument Circle						
		IN					
	Indianapolis			46204 _	·		
Title or Position ♥	Indianapolis CITY ▲	STAT		46204 – ZIP COI	DE A		

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9.	Banks or Other Depositors safety deposit boxes or management of Bank, Depository	aintains funds.	accounts, rents
	JPI Mailing Address	Morgan Chase Bank, N.A. 111 Monument Circle	
		Indianapolis IN	46204 _
		CITY A STATE A	ZIP CODE △