

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

Coventry Health Care Inc.-First Health Group Corp. PAC

ADDRESS (number and street)

901 New York Avenue NW Third Floor

(Check if address is changed)

Washington

DC

20001

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

jruhlmann@cvty.com; mdschooley@cvty.com; hpwilliams@cvty.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

12 / 22 / 2006

3. FEC IDENTIFICATION NUMBER

C C00217216

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

John Ruhlmann

Signature of Treasurer

Electronically Filed by John Ruhlmann

Date

12 / 22 / 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

First Health _____

Mailing Address **3200 Highland Avenue** _____

Downers Grove **IL** **60515**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected Organization** _____

Type of Connected Organization:

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

Write or Type Committee Name

Coventry Health Care Inc.-First Health Group Corp. 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 **Melissa Schooley**

Mailing Address **901 New York Avenue NW Third Floor**

Washington **DC** **20001**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Custodian of Records Telephone number **202** **654** **7411**

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 **John Ruhlmann**

Mailing Address **6705 Rockledge Dr. Suite 900**

Bethesda **MD** **20817**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **301** **581** **5867**

Full Name of Designated Agent **Ken Robinson**

Mailing Address **6705 Rockledge Drive**

Suite 900

Bethesda **MD** **20817**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Asst. Treasurer Telephone number **301** **581** **5655**

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.

J.P. Morgan Chase Bank

Mailing Address

300 South Riverside Plaza

Mailcode IL1-0196 Flr 18

Chicago

IL

60670

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]

Coventry Health Care Inc.

Mailing Address

6705 Rockledge Dr.

Suite 900

Bethesda MD 20817

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected Organization**

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 - -



Image# 26940951208

Form/Schedule: **F1A**

This amended registration is filed to update the Committee's official email addresses.

Transaction ID:
