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HIP®

HEALTH PLAN OF NEW YORK ▪ 55 WATER STREET NEW YORK, NY 10041-8190
TEL: 646.447.5000

2006 JUN 29 P 12: 22

Craig H. Effrain
Assistant General Counsel
(646) 447-7834

BY OVERNIGHT MAIL

June 28, 2006

Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Re: Appointment of Assistant Treasurer;
Change in Abbreviated Name of
Health Insurance Plan of Greater New York Federal PAC
C00412247

Dear Sir or Madam:

Please be advised that effective as of June 21, 2006 Jay Schoenfeld has been appointed the Assistant Treasurer of the Health Insurance Plan of Greater New York Federal PAC. Please also be advised that we are changing the abbreviated name of the PAC from "HIP Health Plan Federal PAC" to "HIP Federal PAC". Accordingly, please find the attached amended Form 1.

Mr. Schoenfeld's address is 55 Water Street, 2nd Floor, New York, New York 10041, and phone number is 646-447-5950.

Please do not hesitate to contact me at 646-447-7834 if you have any questions or require additional information.

Sincerely,

Craig H. Effrain

Commercial HMO, Commercial POS, Medicare HMO and Medicaid HMO

NCQA

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2006 JUN 29 P 12: 22

Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) [X] (Check if name is changed) Example: If typing, type over the lines.

Abbreviated name only is changed

12FE4M5

Health Insurance Plan of Greater New York

Federal PAC (HIP Federal PAC)

ADDRESS (number and street) ▼ 55 Water Street

[ ] (Check if address is changed)

New York | NY | 10041 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

- -

2. DATE

3. FEC IDENTIFICATION NUMBER ▶ C00412247

4. IS THIS STATEMENT [ ] NEW (N) OR [X] 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 Arthur J. Byrd

Signature of Treasurer

Date 06 28 2006

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.

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)

FE3AN042.PDF

26031612207

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

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

2005015208

Write or Type Committee Name

Health Insurance Plan of Greater New York Federal 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

Mailing Address

Title or Position▼ 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

Mailing Address

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Full Name of Designated Agent: Jay A. Schoenfeld

Mailing Address: 55 Water Street

New York | NY | 10041

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer

Telephone number: 646 - 447 - 5950

26031010209

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

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

26031052119

Federal Election Commission

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PREPARER	6/29/06 DATE PREPARED

(3/2005)

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