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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Health Insurance Plan of Greater New York
Federal PAC (aka, HIP Health Plan Federal PAC)

ADDRESS (number and street) ▼ 55 Water Street

☐ (Check if address is changed)

New York | NY | 10041-8190

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

___-___-___

2. DATE 06 / 06 / 2005

3. FEC IDENTIFICATION NUMBER ▶ C

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 Michael Vincent

Signature of Treasurer

Date 06 / 03 / 2005

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)

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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

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) [X] 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

Health Insurance Plan Of Greater New York

Mailing Address 55 Water Street

New York NY 10041-8190

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected

Type of Connected Organization:

[ ] Corporation [X] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name

Health Insurance Plan of Greater New York

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: David Abernethy

Mailing Address: 55 Water Street

New York NY 10041-8190

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

Senior Vice President

Telephone number: 646-447-6001

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: Michael Vincent

Mailing Address: 55 Water Street

New York NY 10041-8190

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

Treasurer

Telephone number: 646-447-6277

Full Name of Designated Agent:

Mailing Address:

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

Telephone number: -

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.

Commerce Bank

Mailing Address 475 Park Avenue South

New York NY 10016-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

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(3/2005)