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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. WellPoint, Inc. WELLPAC 120 Monument Circle ADDRESS (number and street) (Check if address is changed) Indianapolis 46204 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Tracy.Winn@anthem.com (Check if address is changed) Optional Second E-Mail Address ijohn.willey@wellpoint.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2012 C00197228 FEC IDENTIFICATION NUMBER > 3. X 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. Mr. John Willey Type or Print Name of Treasurer Mr. John Willey [Electronically Filed] 12 28 2012 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE Committee:	-
(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. (Con information below.)	nplete the candidate
Name Cand	e of lidate		
	lidate ⁄ Affiliatio	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam	e	-
WellPoint, Inc.	WELLPAC	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ership PAC Sponsor
,WellPoint, Inc.		
		<u> </u>
	120 Monument Circle	
Mailing Address		
	Indianapolis IN 46204	
	CITY STATE	ZIP CODE
Relationship: X Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person in p	cossession of committee
Tracy Wir	nn	
	120 Monument Circle	
Mailing Address		
	Indianapolis IN 46204	• • • • • • • • • • • • • • • • • • •
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer		488 - 6134
B. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Mr. John V	Willey	
Mailing Address	120 Monument Circle	
	Indianapolis IN 46204	
Title or Position	CITY STATE	ZIP CODE
Treasurer		488 6044

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Full Name of Designated	Tracy Winn	
Agent	430 Manufactor Cirola	
Mailing Address	120 Monument Circle	
	Indianapolis IN 46204	
	CITY STATE	ZIP CODE
Title or Position Assistant Treas		488
SQUELY DEDUSIT DO		
Name of Bank, I	JP Morgan Chase Bank N.A.	
	Depository, etc. JP Morgan Chase Bank N.A. 111 Monument Circle	
Name of Bank, I	Depository, etc. JP Morgan Chase Bank N.A. 111 Monument Circle	
Name of Bank, I	Depository, etc. JP Morgan Chase Bank N.A. 111 Monument Circle	ZIP CODE
Name of Bank, I	Depository, etc. JP Morgan Chase Bank N.A. 111 Monument Circle Indianapolis CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc. JP Morgan Chase Bank N.A. 1111 Monument Circle Indianapolis CITY STATE Depository, etc.	ZIP CODE
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Name of Bank, I	Depository, etc. JP Morgan Chase Bank N.A. 1111 Monument Circle Indianapolis CITY STATE Depository, etc.	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Amerigroup Corporation Political Action Committee 4425 Corporation Lane Mailing Address Virginia Beach 23462 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number