

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

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN 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

MM / DD / YYYY
11 / 27 / 2006

3. FEC IDENTIFICATION NUMBER

C C00412247

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 Jay A. Schoenfeld

Signature of Treasurer Electronically Filed by Jay A. Schoenfeld

Date MM / DD / YYYY
11 / 27 / 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

Group Health Incorporated Political Action Committee

Mailing Address **441 9th Avenue** _____

New York **NY** **10001** - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Affiliated** _____

Type of Connected Organization:

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

Write or Type Committee Name

HEALTH INSURANCE PLAN OF GREATER NEW YORK FEDERAL PAC (HIPHEALTH PLAN FEDERAL PA-C)

- 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 St.
4th Floor
New York NY 10041 - -

Title or Position ▼ Senior VP 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 Arthur J. Byrd

Mailing Address 55 Water St.
13th Floor
New York NY 10041 - -

Title or Position ▼ Vice President CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 646 - 447 - 6263

Full Name of Designated Agent Jay A. Schoenfeld

Mailing Address 55 Water St.
New York NY 10041 - -

Title or Position ▼ Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 646 - 447 - 5950

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	2 Wall St.		
	New York	NY	10005
	CITY ▲	STATE ▲	ZIP CODE ▲