HIP®

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

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OPERATIONS CENTER
2006 NOV 24 A 10: 4

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

BY OVERNIGHT MAIL

November 22, 2006

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

Re: Amendment to Form 1;
C00412247

Dear Sir or Madam:

Please be advised that effective as of November 15, 2006 HIP Health Plan of Greater New York ("HIP") is now affiliated with Group Health Incorporated ("GHI"). Accordingly, the respective federal PACs of HIP and GHI are affiliated PACs.

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

Sincerely,

Craig H. Effrain

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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

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 11 / 22 / 2006

3. FEC IDENTIFICATION NUMBER ▶ 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 ARTHUR BYRD

Signature of Treasurer

Date 11 / 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. §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

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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) ☐ 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 FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 441 NINTH AVENUE

NEW YORK (CITY ▲) NY (STATE ▲) 10001 - (ZIP CODE ▲)

Relationship AFFILIATED

Type of Connected Organization:

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

☐ Membership Organization ☐ Trade Association ☐ Cooperative

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Write or Type Committee Name

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

Mailing Address

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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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 ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	11/27/06 DATE PREPARED

(3/2005)

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