

HONIGMAN

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Via Federal Express

May 13, 2008

Federal Election Commission
Office of General Counsel
999 E. Street, N.W.
Washington, DC 20463

**Re: *Renaissance Health Service Corporation
Political Action Committee***

To Whom It May Concern:

Accompanying this letter is a Statement of Organization for the Renaissance Health Service Corporation, Political Action Committee.

We would appreciate it if you would assign the PAC an FEC identification number and notify the Treasurer of that number.

If you have any questions, please feel free to contact me.

Very truly yours,

HONIGMAN MILLER SCHWARTZ AND COHN LLP

Timothy Sawyer Knowlton
Timothy Sawyer Knowlton

TSK/lmh
Enc.

FEDERAL ELECTION
COMMISSION
OFFICE OF GENERAL
COUNSEL

2008 MAY 14 A 10:57

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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

RENAISSANCE HEALTH SERVICE CORPORATION
POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

PO BOX 293

(Check if address is changed)

OKEMAS

MI

48864

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

NONE

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

COMMITTEE'S FAX NUMBER

517-347-5499

2. DATE

05 / 07 / 2008

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

Laura L. Czelada

Signature of Treasurer

Laura L. Czelada

Date

05 / 07 / 2008

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 12/2007)

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5. TYPE OF COMMITTEE

Candidate 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. (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 _____

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>	_____
2.	_____	FEC ID number	<input type="checkbox"/>	_____
3.	_____	FEC ID number	<input type="checkbox"/>	_____
4.	_____	FEC ID number	<input type="checkbox"/>	_____
5.	_____	FEC ID number	<input type="checkbox"/>	_____

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Write or Type Committee Name

RENAISSANCE HEALTH SERVICE CORPORATION POLITICAL ACTION COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

RENAISSANCE HEALTH SERVICE CORPORATION

Mailing Address PO BOX 304116 LANSING MI 48909-1

Relationship:

- Connected Organization, Affiliated Committee, Leadership PAC Sponsor, Joint Fundraising Representative

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 RICHARD LANTZ
Mailing Address PO BOX 293 OKEMOS MI 48864-1
CITY STATE ZIP CODE

Title or Position

MANAGER, CONT. RELS. Telephone number 517-349-6000

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 LAURA L CZELADA
Mailing Address PO BOX 293 OKEMOS MI 48864-1
CITY STATE ZIP CODE

Title or Position

EXECUTIVE VP Telephone number 517-349-6000

28039730826

Full Name of Designated Agent

RICHARD LANTZ

Mailing Address

PO BOX 293

OKEMOS

CITY

MI

STATE

48864

ZIP CODE

Title or Position

Manager, Gov't Relis

Telephone number

517-348-6000

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.

BANK OF AMERICA

Mailing Address

201 TOWNSEND ST

SUITE 600

LANSING

CITY

MI

STATE

48933

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039730827

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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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>5/13/08</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>EW</i> PREPARER	<i>5/16/08</i> DATE PREPARED

(3/2005)