**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Blue Cross Blue Shield of Alabama PAC 2 North Jackson Street ADDRESS (number and street) Suite 202 (Check if address is changed) Montgomery 36104 ALCITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mrgadwell@comerica.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00457242 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. Hosp, Ted,,, Type or Print Name of Treasurer Hosp, Ted,,, [Electronically Filed] 07 19 2021 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

Local 202-694-1100

r	EC <b>F</b>	m 1 (Pavisad 02/2000)	Pogo <b>2</b>
		m 1 (Revised 02/2009)  OMMITTEE	Page 2
Can	didate	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. (Compinformation below.)	lete the candidate
Name Cand			
Cand Party	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			
Part	y Com	mittee:	
(d)		· · · · ·	Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected organization is
	_	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 seg committee. (i.e., nonconnected committee)	regated 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	-		
l	FEC Form 1 (F	Revised 02/2009)	Page <b>3</b>
V	/rite or Type Committe	ee Name	
E	Blue Cross	Blue Shield of Alabama PAC	
6.	Name of Any Conr	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
В	lue Cross Blue	Shield of Alabama	
	Mailing Address	2 North Jackson Street  Suite 202  Montgomery  AL 36104	
		CITY STATE ZII	P CODE
	Relationship: X C	connected Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
	Custodian of Records.	rds: Identify by name, address (phone number optional) and position of the person in posses	ssion of committee
		AC Services, Comerica Bank, , ,	1
	Full Name  Mailing Address	PO Box 75000, MC 7544	
		Detroit MI 48275-7544	
	Title or Position	CITY STATE ZIE	P CODE
	Book Keeper		2 4640
3.		name and address (phone number optional) of the treasurer of the committee; and the name at (e.g., assistant treasurer).	and address of
	Full Name Ho	osp, Ted, , ,	
	Mailing Address	2 North Jackson Street	
		Suite 202	
		Montgomery   AL     36104	
	Tills on B. 12	CITY STATE ZIF	CODE
	Title or Position Executive Director	Tolophono number   334   233	3   7157

	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	I	
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		1 1
Name of Bank, I		
Mailing Address	Comerica Bank  PO Box 75000  PAC Services MC 7544  Detroit  MI 48275-754	14,  _
	Comerica Bank PO Box 75000 PAC Services MC 7544 Detroit MI 48275-754	14 11 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Comerica Bank  PO Box 75000  PAC Services MC 7544  Detroit  CITY  STATE  Z	
Mailing Address	Comerica Bank  PO Box 75000  PAC Services MC 7544  Detroit  CITY  STATE  Z	
Mailing Address	Comerica Bank  PO Box 75000  PAC Services MC 7544  Detroit  CITY  STATE  Z	
Mailing Address  Name of Bank, I	Comerica Bank  PO Box 75000  PAC Services MC 7544  Detroit  CITY  STATE  Z	
Mailing Address  Name of Bank, I	Comerica Bank  PO Box 75000  PAC Services MC 7544  Detroit  CITY  STATE  Z	

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H + CB

Form/Schedule: F1A Transaction ID:

Amending to change email, mail code and phone number of recordkeeper

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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or(h). <b>Joint Fundraisi</b> r	ng Participant:		
<b>1.</b>		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponsor
Florida Health Po	litical Action Committee		
Mailing Address	PO Box 6936		
	Jacksonville	FL L	32202
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Sponsor
Full Name	y by name, address (phone number – optional)		
Mailing Address			1 1 1 1 1 1 1 1 1 1
	1		
			I I-I
TITLE OR POSITION	U CITY ▲	STATE ▲	ZIP CODE ▲
L L L L L L L L	1	Telephone Number	
Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.	n the committee deposit	s funds, holds accounts, rents
Mailing Address			
			I , , , , I-I , , ,
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Hawaii Medical Se	ervice Assn Empl Comte for Quality I	Healthcare	
	Mailing Address	818 Keeaumoku		
		Honolulu	HI HI	96814
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	3			
	. J			
	. J			
		CITY A	STATE A	ZIP CODE ▲
	TITLE OR POSITION	•	STATE A	ZIP CODE <b>A</b>
		•		ZIP CODE <b>A</b>
9.	TITLE OR POSITION		STATE A	
9.	TITLE OR POSITION	Tes: List all banks or other depositories in which	STATE A	
9.	TITLE OR POSITION  Banks or Other Depositor	ries: List all banks or other depositories in which intains funds.	STATE A	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposit	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposit	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposit	

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on 9 Page <u>8</u> **of** <u>27</u>

n). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
т. [ ] ] ] ]		,	
-	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
Regence BLUEP	AC 		
Mailing Address	330 9th Street SE		
Mailing Address			
	Washington	ı DC ı	, 20003
Relationship:	CITY ▲	STATE A	ZIP CODE A
riciationship.	OH T	SIAIE	ZIF CODE A
	Affiliated Committee  Ty by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC S
			ative Leadership PAC S
esignated Agent: Identi			ative Leadership PAC S
esignated Agent: Identi			ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)	STATE A	
Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name   Mailing Address	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	•		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
Wellmark, Incorp	orated PAC, WELL PAC		
Mailing Address	636 Grand Avenue		
	Station 13		
	Des Moines	IA I	50309
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of the control of the	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

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5(a).	or(h). <b>Joint Fundraisin</b>	n Particinant		
7(9)	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundral ue Shield of Kansas Employee PAC,		or Leadership PAC Sponsor
	Mailing Address	1133 Topeka Blvd		
		Topeka	KS KS	66629
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representat	Leadership PAC Sponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY	STATE A	ZIP CODE A
33.	Full Name	CITY A		ZIP CODE <b>A</b>
3.	Full Name      Mailing Address  TITLE OR POSITION	CITY A  Tele  Ties: List all banks or other depositories in which the	STATE ▲ ephone Number	
3.	Full Name  Mailing Address  TITLE OR POSITION   Banks or Other Depositor	CITY A  Tele  Ties: List all banks or other depositories in which the	STATE ▲ ephone Number	
3.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A  Tele  Ties: List all banks or other depositories in which the	STATE ▲ ephone Number	
3.	Full Name	CITY A  Tele  Ties: List all banks or other depositories in which the	STATE ▲ ephone Number	
3.	Full Name	CITY A  Tele  Ties: List all banks or other depositories in which the	STATE ▲ ephone Number	

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n). <b>Joint Fundraising</b>				
1.			FEC ID number	С
2.			FEC ID number	C
3			FEC ID number	С
4.			FEC ID number	С
ame of Any Connected (	rganization, Affiliated Com	mittee, Joint Fundr	aising Representativ	e, or Leadership PAC Spor
BLUEPAC, Capital	Blue Cross			
Mailing Address	PO Box 60710 Elmerton Ave	enue 		
	Harrisburg		PA PA	17106
Relationship:	CIT	Y 🔺	STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated C	ommittee Joint	Fundraising Represent	ative Leadership PAC S
			Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify	Organization X Affiliated C		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify  Full Name	Organization X Affiliated C		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify  Full Name	Organization X Affiliated C	umber – optional)		ative Leadership PAC S
esignated Agent: Identify  Full Name	Organization Affiliated Company Affiliated Company address (phone number of the company of the c	umber – optional)		
esignated Agent: Identify  Full Name  Mailing Address	Organization Affiliated Company Affiliated Company address (phone number of the company of the c	umber – optional)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or main	Organization Affiliated Company Affiliated Company address (phone number of the company of the c	umber – optional)	STATE A	
Full Name Mailing Address  TITLE OR POSITION To the property of the prop	Organization Affiliated Company Affiliated Company address (phone number of the company of the c	umber – optional)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or main	Organization Affiliated Company Affiliated Company address (phone number of the company of the c	umber – optional)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositorifety deposit boxes or main arme of Bank, expository, etc.	Organization Affiliated Company Affiliated Company address (phone number of the company of the c	umber – optional)	STATE A	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID numbe	r C
2.		FEC ID numbe	r C
3.		FEC ID numbe	r C
4.		FEC ID numbe	r C
•	Organization, Affiliated Committee, Joint	• .	ive, or Leadership PAC Spon
Highmark Health	PAC of Highmark Blue Cross Blu	le Snieia	
Mailing Address	1800 Center Street		
Mailing / Idanocc			
	Camp HIII	, PA	17011
Relationship:	CITY ▲	STATE	ZIP CODE ▲
	ed Organization X Affiliated Committee	Joint Fundraising Represe	
Full Name			
Mailing Address			
	1		
			] [
TITLE OR POSITION	CITY ▲	STATE A	ZIP CODE A
TITLE OR POSITION	CITY ▲	STATE A	ZIP CODE A
TITLE OR POSITION	CITY ▲		ZIP CODE A
anks or Other Deposito	ories: List all banks or other depositories in v	Telephone Number	
anks or Other Depositor	ories: List all banks or other depositories in v	Telephone Number	
tanks or Other Deposited afety deposit boxes or management of Bank,	ories: List all banks or other depositories in v	Telephone Number	
anks or Other Deposite afety deposit boxes or manner of Bank,	ories: List all banks or other depositories in v	Telephone Number	
Banks or Other Deposite afety deposit boxes or malame of Bank, Depository, etc.	ories: List all banks or other depositories in v	Telephone Number	
anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	ories: List all banks or other depositories in v	Telephone Number	

FEC Form 1S (Revised 02/2017)

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID numb	per C
2.		FEC ID numl	per C
3.		FEC ID numl	per C
4.		FEC ID numl	per C
	I Organization, Affiliated Committee, Joint Cross Blue Shield Assn PAC	Fundraising Represen	tative, or Leadership PAC Spons
Mailing Address	1310 G Street NW		
	Washington	DO DO	20005
Relationship:	CITY A	STAT	E ▲ ZIP CODE ▲
Designated Agent: Identif	fy by name, address (phone number – option	nal)	
Full Name			
Full Name			
Mailing Address	CITY A	STATE	▲ ZIP CODE ▲
	CITY A	STATE Telephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION	pries: List all banks or other depositories in	Telephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or means to box and the safety deposit box and t	pries: List all banks or other depositories in	Telephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	pries: List all banks or other depositories in	Telephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	pries: List all banks or other depositories in	Telephone Number	

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint F Ites Federal Political Action Comm		e, or Leadership PAC Spons
Mailing Address	10455 Mill Run Circle		
Ü			
	Owens Mills	, MD	21117
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number - options	al)	
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address  TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	CITY A	STATE ▲ Telephone Number	ZIP CODE A
	CITY A		ZIP CODE <b>A</b>
TITLE OR POSITION	ories: List all banks or other depositories in w	Telephone Number	
TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management.	ories: List all banks or other depositories in w	Telephone Number	
TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	ories: List all banks or other depositories in w	Telephone Number	
TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	ories: List all banks or other depositories in w	Telephone Number	
TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or management of Bank, depository, etc.	ories: List all banks or other depositories in w	Telephone Number	
anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ories: List all banks or other depositories in w	Telephone Number	

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundice Corporation Political Action Com	• .	e, or Leadership PAC Spon
Mailing Address	330 East Randolph Street		
	Chicago	, , ]   <u> </u>	60601
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Join	t Fundraising Representa	ative Leadership PAC Sp
	y by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Hepresent	Leadersnip PAC S
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esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	by by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identif	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundrais</b> í		FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spon
	AC-The Blue Cross Blue Shield of MA		,, or
Mailing Address	401 Park Drive		
. J			
	Boston	, MA	02115
Deletienskin			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC S
	ed Organization Affiliated Committee Joint ify by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Ident		Fundraising Represent	Leadership PAC S
esignated Agent: Ident		Fundraising Represent	Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)	Fundraising Represent	
esignated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Anks or Other Deposit afety deposit boxes or name of the control of the c	ify by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit	ify by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank,	ify by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
4.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
Blue Cross and B	lue Shield of MI PAC		
I			
Mailing Address	602 West Ionia		
	Lansing	MI	48933
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		Fundraising Represent	Leadership PAC S
esignated Agent: Identif		Fundraising Represent	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name	y by name, address (phone number – optional)  CITY   Te	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A lephone Number	ZIP CODE A
Full Name	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A lephone Number	ZIP CODE A
Full Name	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A lephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mail ame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A lephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisin</b> ç	1	EEC ID number	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Healthy Governme	ent Cmte, The Political Action Cmte o	of BCBS Arizonia	a 
Mailing Address	PO Box 13466		
	Phoenix	AZ	85002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name			Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)		
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

		FEC ID	number	C
1			number	C
2.				
3.			number	C
4.		FEC II	number	C
ame of Any Connected	Organization, Affiliated Committee, Joi	nt Fundraising Reg	resentative	, or Leadership PAC Spor
	lue Shield of Kansas City Fed	eral PAC		
Mailing Address	2301 Main			
	Kansas City	, , , , , <b>,</b> , , <b>,</b> , , , <b>,</b> , , , ,	MO	64108
Relationship:	CITY A		STATE A	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee	Joint Fundraising	Representa	tive Leadership PAC S
Full Massa				
Full Name				
Mailing Address				
	CITY A		STATE A	ZIP CODE A
Mailing Address	CITY A			
Mailing Address  TITLE OR POSITION	CITY A	Telephone N	umber	ZIP CODE A
Mailing Address  TITLE OR POSITION	CITY A	Telephone N	umber	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main arms of Bank,	CITY A	Telephone N	umber	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main arms of Bank,	CITY A	Telephone N	umber	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	CITY A	Telephone N	umber	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	I Organization, Affiliated Committee, Joint F	undraising Representativ	re, or Leadership PAC Spons
Blue Cross and E	Blue Shield of NE PAC		
Mailing Address	7261 Mercy Road		
	Omaha	NE L	68180
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optiona	al)	
Mailing Address			
Mailing Address			
Mailing Address	CITY A	STATE A	ZIR CODE A
Mailing Address  TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	CITY A	STATE   Telephone Number	ZIP CODE <b>A</b>
TITLE OR POSITION	pries: List all banks or other depositories in w	Telephone Number	
TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	pries: List all banks or other depositories in w	Telephone Number	
TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	pries: List all banks or other depositories in w	Telephone Number	
TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	pries: List all banks or other depositories in w	Telephone Number	

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1		FEC ID number FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e. or Leadership PAC Spon
-	Blue Shield of NC Employees PAC		
Mailing Address	5901 Chapel Hill Road		
	Box 2291		
	Durham	NC NC	27702
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Represent	Leadership PAC Sp
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY   CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	0		
Blue Shield of Ca	Organization, Affiliated Committee, Joint Fundr lifornia PAC	aising Representative	e, or Leadership PAC Spon
I			
Mailing Address	50 Beale Street		
	San Francisco	L CA	94105
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
Connected		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name  Mailing Address	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY		
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee Joint by by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mail	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>		FEC ID number	C
2.		FEC ID number	C
		FEC ID number	С
3.		FEC ID number	C
4.		PEC ID Humber	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representation	ve, or Leadership PAC Spon
Blue Cross and B	Slue Shield of AL PAC		
   , , , , , , , , ,			
Mailing Address	2 North Jackson Street Suite 2		
	Montgomery	AL	36104
Relationship:	CITY A	STATE A	ZIP CODE A
Connecte	d Organization X Affiliated Committee Jo	oint Fundraising Represen	tative Leadership PAC S
	d Organization Affiliated Committee Jo	oint Fundraising Represen	tative Leadership PAC S
esignated Agent: Identif		oint Fundraising Represen	tative Leadership PAC S
esignated Agent: Identif		oint Fundraising Represen	tative Leadership PAC S
esignated Agent: Identif			tative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identification Full Name     Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION AREA OF Other Depositor Afety deposit boxes or mailing and ma	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name     Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in white	STATE A Telephone Number	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b> r	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint F		e, or Leadership PAC Spon
Blue Cross Voice	e(Blue Cross of NE Pennsylvania)		
Mailing Address	19 North Main Street		
Manning / Address			
	Wilkes Barre	ı PAı	18711
Relationship:	CITY <b>A</b>	STATE A	ZIP CODE A
	ed Organization X Affiliated Committee	Joint Fundraising Represent	
Full Name			
Mailing Address			
	I I		
TITLE OR POSITION	CITY ▲	STATE A	ZIP CODE A
TITLE OR POSITION	CITY ▲	STATE A  Telephone Number	ZIP CODE A
TITLE OR POSITION	CITY ▲		ZIP CODE A
anks or Other Deposito	ories: List all banks or other depositories in w	Telephone Number	
anks or Other Depositor	ories: List all banks or other depositories in w	Telephone Number	
anks or Other Depositorafety deposit boxes or manne of Bank,	ories: List all banks or other depositories in w	Telephone Number	
anks or Other Depositorafety deposit boxes or management of Bank,	ories: List all banks or other depositories in w	Telephone Number	
Banks or Other Depositorafety deposit boxes or malame of Bank, Depository, etc.	ories: List all banks or other depositories in w	Telephone Number	
anks or Other Depositoratety deposit boxes or mame of Bank, epository, etc.	ories: List all banks or other depositories in w	Telephone Number	

FEC Form 1S (Revised 02/2017)

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
IBC PAC Indepen	idence Blue Cross PAC		
	1901 Market Street		
Mailing Address	1561 Market Greet		
	Philidelphia	PA	19103
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or material depositors, etc.	y by name, address (phone number – optional)  CITY   Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

n). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
4.			
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spor
Blue Cross and E	Blue Shield of SC Federal Programs	PAC	
	Interested 20 of Alpine Deed		
Mailing Address	Interstate 20 at Alpine Road		
	Columbia	SC SC	29219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Jointy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC S
		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the state of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposit boxes or mame of Bank, expository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposit boxes or mame of Bank, expository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi		FEC ID number	С
1		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Premera Blue Cr	oss PAC		
Mailing Address	7001 220th Street SW		
J			
	Mountlake Terrace	WA WA	98043
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representation	Leadership PAC S
esignated Agent: Identi		t Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A