FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instruc	Office use only										
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5									
WellPoint, Inc	. WELLPAC											
1												
ADDRESS (number and	street) 120 Monument Cir	cle										
(Check if addr is changed)	ess Indianapolis		IN									
COMMITTEE'S E-MAI	II ADDRESS	CITY▲	STATE▲ ZIP CODE ▲									
COMMITTEE'S WEB	PAGE ADDRESS (URL)											
COMMITTEE'S FAX N	IUMBER											
ــا لـــا												
2. DATE 0.5	1 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
3. FEC IDENTIFICA	TION NUMBER	C C00197228										
4. IS THIS STATEM	NEW (N) OR	X AMENDED (A)										
I certify that I have exami	ned this Statement and to the best of my k	nowledge and belief it is true, correct	and complete									
Type or Print Name of	Treasurer Derek M. Schn	eider										
Signature of Treasurer	Electronically Filed by <b>Derek M</b>	. Schneider	Date 05 / 24 / Y 2006									
NOTE: Submission of fa	·	nay subject the person signing this St	atement to the penalties of 2 U.S.C. S437g.									
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530	ssion FEC FORM 1									

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5.	TYPE OF COMMITTEE (Check One)												
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)												
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)												
	Name of Candidate												
	Candidate Office 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 (or subordinate) committee of the Rep	mocratic, ublican,etc.) Party.											
	(e) X This committee is a separate segregated fund												
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	d or party											
ô.	Name of Any Connected Organization or Affiliated Committee												
l		<b></b>											
		1											
	Mailing Address  120 Monument Circle												
		1											
		IIP CODE A											
	CITY STATE Z	IF CODE A											
	Relationship Connected												
	Type of Connected Organization:												
	X Corporation Corporation w/o Capital Stock Labor Organization	n											
	Membership Organization Trade Association Cooperative												

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Write or T	ype Committee Name								
Welli	Point, Inc. WELLPA	С							
	dian of Records: Ider ession of Committee b	ntify by name, address, (phone numb books and records.	per optional), and pos	ition of th	e person in				
Full Na	ame Tracy W	finn 							
Mailing	g Address	120 Monument Circle							
		Indianapolis			46204	·			
Title or	Position <b>V</b>	CITY A	STAT	ГЕ▲	ZIP CO	DE A			
	Assistant T	reasurer	Telephone number	317	488	6134			
of Trea	Derek M g Address	I. Schneider  1 WellPoint Way							
		Thousand Oaks		<u> </u>	91362 _				
Title or Position ♥		CITY A	STAT	ГЕ	ZIP CO	DE 🛦			
	Treasurer		Telephone number	805	557	6682			
Full Na Design Agent	nated	/inn							
Mailing	g Address	120 Monument Circle							
		Indianapolis	IN	_	46204 _				
Title or Position ♥					ZIP CODE A				
	Position ¥	CITY A	STAT	EA	ZIP COI	DE <b>A</b>			
	Position ♥ Assistant T		STAT Telephone number	317	ZIP COI	DE <b>▲</b> 6134			

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9.		ther Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts it boxes or maintains funds.												ıts, r	ents	3									
	Name of Bank, Dep	pository, etc.																							
		<b>JPM</b> orga	n Chase	Bank,	, <b>N.A</b>		1 1									1				1					
	Mailing Address		111 Mor	nume	nt Cii	rcle							1 1												
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			Indiana	oolis										l	IN			Ш		162	04	- [	Ш		
		CITY 🛆								STATE △ ZIP C								cc	CODE A						