

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 Care Service Corporation Employees' Political Action Committee

ADDRESS (number and street) 300 E. Randolph
 (Check if address is changed) Legal Department
Chicago IL 60601
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) stutzm@bcbsil.com

Optional Second E-Mail Address
Ariana_Voigt@bcbsil.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 10 / 02 / 2014

3. FEC IDENTIFICATION NUMBER ▶ C C00199711

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 Gerard T. Mallen

Signature of Treasurer Gerard T. Mallen [Electronically Filed] Date 10 / 08 / 2014

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.