02/08/2005 12 : 17

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) X (Check if name is changed) Example: If typing, type over the lines 12FE4M5

First Health Group Corp-Coventry Health Care Inc. PAC

ADDRESS (number and street)

1133 21st Street NW

X (Check if address is changed)

Suite 450

Washington DC 20036 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

TomMastri@firsthealth.com; MelissaSchooley@firsthealth.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 02 04 2005

3. **FEC IDENTIFICATION NUMBER** **C** **C00217216**

4. IS THIS STATEMENT NEW (N) **OR** X 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 Tom Mastri

Signature of Treasurer Electronically Filed by Tom Mastri Date 02 08 2005

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)

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) X 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

First Health Group Corp

Mailing Address 1133 21st Street NW

Suite 450

Washington DC 20036 -

CITY STATE ZIP CODE

Relationship Connected Organization

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

First Health Group Corp-Coventry Health Care Inc. PAC

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: Melissa Schooley

Mailing Address: 1133 21st Street NW
Suite 450
Washington DC 20036

Title or Position ▼: Custodian of Records

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 202 - 872 - 0556

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: Tom Mastri

Mailing Address: 3200 Highland Ave.
Downers Grove IL 60515

Title or Position ▼: Treasurer

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 630 - 737 - 5735

Full Name of Designated Agent: John Stelben

Mailing Address: 6705 Rockledge Drive
Suite 900
Bethesda MD 20817

Title or Position ▼: Asst. Treasurer

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 301 - 581 - 5729

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.

The LaSalle Bank

Mailing Address 135 LaSalle St.

Chicago IL 60603 -

CITY STATE ZIP CODE

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. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Coventry Health Care Inc.

Mailing Address 6708 Rockledge Dr

Suite 900

Bethesda MD 20817

CITY STATE ZIP CODE

Relationship Connected Organization

Type of Connected Organization:

X Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ – _____ – _____