

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5
 Mid Atlantic Medical Services, Inc. PAC

ADDRESS (Number and street) 4 Taft Court
 (Check if address is changed) Rockville MD 20850
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 danwilloth@mamsi.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
 3015455385

2. DATE 08 / 22 / 2004

3. FEC IDENTIFICATION NUMBER C C00267245

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 Mr. Daniel Willoth

Signature of Treasurer Electronically Filed by Mr. Daniel Willoth Date 09 / 27 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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
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- (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) 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

Golden rule Financial Corporation - Political Action Committee _____

Mailing Address _____ 7440 Woodland Drive _____

_____ Indianapolis _____ IN _____ 46278 _____

CITY STATE ZIP CODE

Relationship _____ Affiliated _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

Mid Atlantic Medical Services, 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 Mr. Daniel D. Willoth

Mailing Address 14808 Westbury Road

Rockville MD 20853

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 301 545 5914

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 Mr. Daniel Willoth

Mailing Address 14808 Westbury Road

Rockville MD 20853

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 301 545 5914

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

First Union National Bank

Mailing Address

P.O. Box 13327

Roanoke

VA

24040 - 7314

CITY Δ

STATE Δ

ZIP CODE Δ

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]

UnitedHealth Group Incorporated Political Fund

Mailing Address

9900 Bren Road East

Minnetonka

MN

55343

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated

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 _____ - _____ - _____

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____
