

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

America's Health Insurance Plans, Inc. PAC (AHIP PAC)

ADDRESS (number and street) 601 Pennsylvania Avenue, NW
 (Check if address is changed) South Building, Suite 500
Washington DC 20004
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) dbanda@ahip.org

Optional Second E-Mail Address
ajortland@ahip.org

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)

2. DATE 06 / 15 / 2020

3. FEC IDENTIFICATION NUMBER C C00106740

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 Banda, Dawn, M., ,

Signature of Treasurer Banda, Dawn, M., , [Electronically Filed] Date 06 / 15 / 2020

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.

5. TYPE OF COMMITTEE

Candidate 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. (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 _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

America's Health Insurance Plans, Inc. PAC (AHIP PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

America's Health Insurance Plans, Inc.

Mailing Address 601 Pennsylvania Avenue, NW
 South Building, Suite 500
 Washington DC 20004
 CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Jortland, Amy, , ,
 Mailing Address 601 Pennsylvania Avenue, NW
 South Building, Suite 500
 Washington DC 20004
 CITY STATE ZIP CODE
 Title or Position
 Director of PAC Telephone number 202 - 861 - 6378

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 Banda, Dawn, M., ,
 Mailing Address 601 Pennsylvania Avenue, NW
 South Building, Suite 500
 Washington DC 20004
 CITY STATE ZIP CODE
 Title or Position
 Treasurer Telephone number 202 - 861 - 6387

Full Name of Designated Agent Mathewson, John, , ,

Mailing Address 601 Pennsylvania Avenue, NW South Building, Suite 500 Washington DC 20004 CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 202 778 3200

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.

Bank of America

Mailing Address P.O. Box 25118 Tampa FL 33622-5118 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE