



**MIM CORPORATION**

RECEIVED  
FEC MAIL ROOM  
2001 MAY 10 A 9 47

May 8, 2001

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**Re: MIM Health Plans, Inc. PAC d/b/a MIMHP PAC**

Ladies and Gentlemen:

Enclosed for filing is the completed FEC Form 1, on which Barry A. Posner is listed as treasurer of the MIMHP PAC effective May 8, 2001.

If the FEC has any questions about these filings, you may contact me at 914-460-1649 or Barry Posner at 914-460-1638. Thank you.

Sincerely,

Robyn E. Jennings  
Corporate Paralegal

Enclosure

Cc: Barry A. Posner, Esq.

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) MIM Health Plans, Inc. PAC d/b/a MIMHP PAC	2. DATE 5-8-01
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 100 Clearbrook Road	3. FEC IDENTIFICATION NUMBER C00341339
(c) City, State and ZIP Code Elmsford, New York 10523	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
MIM Health Plans, Inc.	100 Clearbrook Rd. Elmsford, N.Y. 10523	Connected Organization

Type of Connected Organization:  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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	Mailing Address	Title or Position
Barry A. Posner	100 Clearbrook Road, Elmsford, N.Y. 10523	TREASURER

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	Mailing Address	Title or Position
Barry A. Posner	100 Clearbrook Rd. Elmsford, N.Y. 10523	Treasurer

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.	Mailing Address and ZIP Code
First Union	First Union National Bank Dept. VA7300, P.O. Box 40031 Roanoke, VA 24002-0031

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 Barry A. Posner	SIGNATURE OF TREASURER <i>Barry A. Posner</i>	DATE 5-8-01
--	--	----------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §457g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 5/10/01
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
  DY PREPARER	  5/10/01 DATE PREPARED