Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Health Care Service Corporation Employees' Political Action Committee 300 E. Randolph ADDRESS (number and street) Legal Department (Check if address is changed) Chicago 60601-5014 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Amy_Cline@bcbsil.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00199711 FEC IDENTIFICATION NUMBER 3. X 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. Soong, Sarah, , , Type or Print Name of Treasurer Soong, Sarah, , , [Electronically Filed] 10 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use

	FEC Fo	rm 1 (Revised 02/2009)	Page 2		
	PE OF COMMITTEE				
	naidate	Committee:			
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate		
	ne of didate				
	didate y Affiliatio	Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District		
	ne of didate				
Par	rty Con	nmittee:			
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.		
Pol	itical A	ction Committee (PAC):			
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected 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 secommittee. (i.e., nonconnected committee)	gregated fund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joir	nt Fund	raising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political		
	Com	mittees Participating in Joint Fundraiser			
	1.	FEC ID number			
	2.	FEC ID number			
	3.	FEC ID number			
	4.				

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Write or Type Committee Nar	me	-
Health Care Se	ervice Corporation Employees' Political Action	n Committee
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
Health Care Service	Corporation	
Moiling Address	300 E Randolph St	
Mailing Address		
	Chicago IL 60601-	5014
	CITY STATE	ZIP CODE
Relationship: X Connect	eted Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
. Custodian of Records: Id books and records.	dentify by name, address (phone number optional) and position of the person in p	ossession of committee
Soong, S	Sarah, , ,	
Mailing Address	300 E Randolph St	
	Chicago IL 60601-	·5014 –
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		653
. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the r ., assistant treasurer).	name and address of
Full Name Soong, S	Sarah, , ,	
Mailing Address	300 E Randolph St	
	Chicago IL 60601-	5014
Title on Decision	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 312 -	653 3903

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Full Name of Designated	Deranek, David, , ,					
Agent	300 E Randolph St					
Mailing Address						
	Chicago IL 60601-5014	1 -				
	CITY STATE ZII	P CODE				
Title or Position Assistant Treas	urer	3911				
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.						
	Northern Trust 150 S. LaSalle St.					
Mailing Address	50 S. LaGalle St.					
	Chicago IL 60603					
	CITY STATE ZI	P CODE				
Name of Bank, I	Depository, etc.					
Mailing Address						
	CITY STATE ZI	P CODE				

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1A Transaction ID:

This Form 1 updates the Treasurer, Assistant Treasurer, and Custodian of Records.

Form/Schedule: Transaction ID: