FEC FORM 1		STATEMEI ORGANIZ		0	PAGE 1 / 25
1. NAME OF COMMITTEE (in 1	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
	ce Blu		AC		
ADDRESS (number and	d street)	1901 Market Street			
(Check if ad is changed)	ldress				
le changed,		Philadelphia └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └		PA 191 STATE ▲	03
COMMITTEE'S E-MAII	L ADDRES	S			
(Check if ad is changed)	ldress	jmannion@skadden.co	om 		
		Optional Second E-Mail Ad	ldress		
COMMITTEE'S WEB F (Check if ad is changed)		PRESS (URL)			
2. DATE 06	/ D 07	2021			
3. FEC IDENTIFICA	ATION NU	MBER ► C c	00450056		
4. IS THIS STATEME	ENT X	NEW (N) OR	AMENDED (A)		
I certify that I have ex	amined thi	s Statement and to the best	t of my knowledge and belief i	t is true, correct and	complete.
Type or Print Name of	Treasurer	Lopez, Juan, , ,			
Signature of Treasurer	Lopez,	Juan, , ,	[Electronically Filed]	Date 06	07 / Y Y Y Y 2021
NOTE: Submission of fa			may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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F	EC Foi	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	
Can	didate	e 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 information below.)	e candidate
Name Cand			
Cand Party	lidate Affiliatio	on Office Sta Sought: House Senate President Dis	
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Com	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the (Democratical Republication)	ratic, can, etc.) Part
Polit	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is
		Corporation Corporation w/o Capital Stock	Organization
			-
			alive
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Independence Blue Cross LLC PAC

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

A	meriHealth, Inc.									
	Mailing Address	1901 Market Street								
		Philadelphia		PA 19103						
			STATE	ZIP CODE						
	Relationship: 🗶 Connected	Organization Affiliated Committee	ee Joint Fundraising I	Representative	eadership 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. Lopez, Juan, , ,									
	Full Name	", , , 								
	Mailing Address	1901 Market Street								
		Philadelphia		PA 19103						
	Title or Position	CITY		STATE	ZIP CODE					
	Custodian of Records		Telephone numl	ber 215 – [241 2851					
8.	Treasurer: List the name and any designated agent (e.g., as	address (phone number optiona ssistant treasurer).) of the treasurer of the	committee; and the	name and address of					

Full Name of Treasurer	Lopez, Juan, , ,
Mailing Address	1901 Market Street
	Philadelphia
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 215 241 2851

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Bowers, Jennifer, , ,	
Mailing Address	1901 Market Street	
	Philadelphia	
	CITY STATE ZIP CODE	
Title or Position	Jirer Telephone number 215 241 3442	

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.

	Citizens Commercial Banking								
Mailing Address	602 West Office Drive Suite 100								
	Fort Washington	PA [19034							
	CITY	STATE ZIP CODE							
Name of Bank, Depository, etc.									
Mailing Address									
	CITY	STATE ZIP CODE							

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	3.		FEC ID number								
	4.		FEC ID number								
6.	-	Organization, Affiliated Committee, Joint Fundra	ising Representative,	or Leadership PAC Sponsor							
	Mailing Address	1310 G Street NW									
		Washington		20005							
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE							
	Connected Organization 🗶 Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor										
8.	Designated Agent: Identify	by name, address (phone number - optional)									
	Full Name										
	Mailing Address										
	TITLE OR POSITION		STATE A	ZIP CODE							
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Name of Bank, Depository, etc.																						
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6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Massachusetts Blue PAC of Blue Cross Blue Shield of Massachusetts

	1 401 Park Drivelandmar	k Center			
Mailing Address					
	Boston			MA 0221	15
Relationship:		CITY A		STATE A	ZIP CODE
Connected 0	Organization 🗴 Affiliat	ed Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																										
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or(h). Joint Fundraising Participant:		
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	g Participant:		
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ne of Any Connected (Organization Affiliated Committee Joint Fundrai	ising Representative	or Leadershin PAC Sponsor
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Page _7_ of _25___

	Chattanooga			37402
Relationship:	CITY 🔺		STATE 🔺	ZIP CODE
Connected	Organization X Affiliated Committee	Joint Fundraisir	ng Representative	Leadership PAC Sponsor

Designated Agent: Identify by name, address (phone number - optional) 8.

Full Name		
Mailing Address		
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6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY DBA BLUE CROSS & BLUE SHIELD OF LOUISIANA PAC

Mailing Address	5525 REITZ AVENUE	
		LA 70809
Relationship:	CITY 🔺 ST/	ATE A ZIP CODE A
Connected	Drganization X Affiliated Committee	presentative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																									J
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2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	rganization, Affiliated Committee, Joint Fun ICARE SERVICES, INCHORIZC		
Mailing Address	3 PennPlz E		
	PP-11G		
	<mark>∣ Newark</mark>	NJ	07105
Relationship:	CITY 🔺	STATE A	ZIP CODE
Connected C	Drganization X Affiliated Committee Jo	int Fundraising Representa	ative Leadership PAC Sponso
B. Designated Agent: Identify b	y name, address (phone number – optional)		
Full Name			
Mailing Address			
TITLE OR POSITION V	, CITY 🔺	STATE A	ZIP CODE
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Name of Bank, Depository, etc.																						
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6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Blue Cross Blue Shield of Michigan Pac

		juii i uo			
Mailing Address	232 S. Capitol				
	MC L10A				
	Lansing			MI 4893	³³
Relationship:		CITY A		STATE A	ZIP CODE
Connected	Organization	Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

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	Ownersization Affiliated Oceannities Isint Europeinister Description	
-	Organization, Affiliated Committee, Joint Fundraising Representation Holding Corporation Political Action Committee (Ge	
Mailing Address	4800 Deerwood Campus Parkway	
	DC3-4	
	Jacksonville	32236
Relationship:	CITY A STATE	
Connected	d Organization X Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
8. Designated Agent: Identify	y by name, address (phone number – optional)	
Full Name		
Mailing Address		

9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rer	nts
	safety deposit boxes or maintains funds.	

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-	Organization, Affiliated Committee, Joint Fund ue Shield of Kansas, Inc. Employee		e, or Leadership PAC Sponsor
Mailing Address	1133 SW Topeka Blvd		
	Topeka	KS	66629
Relationship:	CITY A	STATE 🔺	ZIP CODE
Connected	Organization X Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC Sponsor
8. Designated Agent: Identify	by name, address (phone number – optional)		
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Name	of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative, or Le	adership PAC Sponsor
	-	ent Committee-the Political Action Cm		
Ν	lailing Address	Post Office Box 13466		
			AZ 85	5002
R	elationship:		STATE A	
	Connected	Organization X Affiliated Committee Joint F	undraising Representative	Leadership PAC Sponsor
Design		Organization X Affiliated Committee Joint F by name, address (phone number – optional)	undraising Representative	Leadership PAC Sponsor
-			undraising Representative	Leadership PAC Sponsor
Full	ated Agent: Identify		undraising Representative	Leadership PAC Sponsor
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	-	Drganization, Affiliated Co ue Shield of Nebras						-	C Spo	onsor	
	Mailing Address	7261 Mercy Road									
		Omaha				NE	68180		-		
	Relationship:	C			ST			ZIP CO			
	Connected	Organization X Affiliated	l Committee	Joint F	undraising Re	presentativ	e Le	eadership) PAC	Spons	or
8. Desi	gnated Agent: Identify	by name, address (phone	number – opt	tional)							
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6.	-	Organization, Affiliated Committee, Joint Fundra s Blueshield Associates' Federal Pac		or Leadership PAC Sponsor
	Mailing Address	10455 Mill Run Circle		
		Owings Mill		21117
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint H	Fundraising Representati	ive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
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- 6. N	Name of Any Connected (Drganization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
	Blue Cross and Blue	ue Shield of Kansas City Federal Pag	C	
	Mailing Address	One Pershing Square		
		2301 Main Street		
		Kansas City	MO	64108
	Relationship:		STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. C	Designated Agent: Identify	by name, address (phone number – optional)		
	Designated Agent: Identify	by name, address (phone number – optional)		
- 8. C		by name, address (phone number - optional)		
- 8. C	Full Name	by name, address (phone number - optional)		
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6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Highmark Health Pac of Highmark Inc.

	ac of Flighthank h	10.			1
Mailing Address	1800 Center Stree				
	Camp Hill			PA 1708	89
Relationship:		CITY A		STATE A	ZIP CODE
Connected	Organization 🗶 Affilia	ted Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

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Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. Blue Cross and Blue Shield of North Carolina Employee Political Action Committee 1 1 1 1 1 1 1 1 1 1 1 1 - L 1 1 1

Mailing Address	PO Box 2291				
	Durham			NC 277	02
Relationship:		CITY 🔺		STATE A	ZIP CODE
Connected	Organization X Affi	iated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

Designated Agent: Identify by name, address (phone number - optional) 8.

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	-	organization, Affiliated Committee, Joint Fundra		
	Mailing Address	818 Keeaumoku Street		
			<u> </u>	
				96814
	Relationship:	CITY A	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint F	Fundraising Representa	tive Leadership PAC Sponsor
8. Des i	ignated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
l	Mailing Address			
		<u> </u>		
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE
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Mailing Address																							
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:	3.		FEC ID number	С
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	-	Drganization, Affiliated Committee, Joint Fundrais fornia Political Action Committee		e, or Leadership PAC Sponsor
L				
	Mailing Address	50 Beale Street		
				04105
		San Francisco		94105
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint Fu	undraising Representa	tive Leadership PAC Sponsor
8. Des	ignated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
		<u> </u>		
	TITLE OR POSITION		STATE A	ZIP CODE
			phone Number	[[

Name of Bank, Depository, etc.								1																
Mailing Address	L																							
	L																							
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5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	C
4	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Wellmark, Inc. Pac (WELLPAC)

I					
Mailing Address	1331 Grand Avenu				
	Sta. 5W570				
	Des Moines				09
Relationship:		CITY 🔺		STATE A	ZIP CODE
Connected (Organization 🗴 Affiliate	ed Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name														
Mailing Address														
TITLE OR POSITION		STATE 🔺	ZIP CODE											
	TITLE OR POSITION ▼ CITY▲ STATE▲ ZIP CODE▲													

Name of Bank, Depository, etc.																							
Mailing Address	L																						
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5(g) or (h).	Joint Fundraising Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4. [FEC ID number	С

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6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Blue Cross Blue Shield of South Carolina Federal Government Programs

Mailing Address	Interstate 20 at Alpine Road				
	Columbia		S	C 29219	
Relationship:	CITY		STAT	TE 🔺 💈	ZIP CODE
Connected C	Drganization X Affiliated Com	imittee Joi	nt Fundraising Repr	esentative	adership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																														
Mailing Address																			1					1	1	1				
		1		1					I			I	I		I	I		I	I	I	1	1		1	I	I	1		1	
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Name of Bank, Depository, etc.																							
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:	2.			FEC	D number	С				
:	3.			FEC	D number	С				
	4.			FEC	D number	С				
	ne of Any Connected Premera Blue Cro					e, or L	eadersh	ip PA	C Spo	onsor
L										
L										
	Mailing Address	7001 220th Street S	SW							
		MS 355								
		Mountlake Terrace			WA	9	8043	1 -	- _	
	Relationship:	Mountlake Terrace			U U WA STATE ▲	9		IP CO	- 📃	<u> </u>
	-			Joint Fundrai			Z			Sponsor
8. Des	-	Organization X A	CITY ▲		STATE ▲		Z			
	Connected	Organization X A	CITY ▲		STATE ▲		Z			
	ignated Agent: Identify	Organization X A	CITY ▲		STATE ▲		Z			
	Gennected	Organization X A	CITY ▲		STATE ▲		Z			
	Gennected	Organization X A	CITY ▲		STATE ▲		Z			
	Connected	Organization Advection Advection Advection Advection (p)	CITY ▲		STATE ▲				• PAC	
	Gennected	Organization Advection Advection Advection Advection (p)	CITY ▲ ffiliated Committee phone number – opt		STATE ▲ Sing Represent			dership	• PAC	

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Mailing Address																									
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5(g)	or (h). Joint Fundraising	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6.	-	Organization, Affiliated Committee, Joint Fundra hield of Alabama Pac	aising Representative, o	or Leadership PAC Sponsor
	Mailing Address	2 North Jackson Street		
		Suite 202		
		Montgomery		36104
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representativ	e Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
			ephone Number	. - -

Name of Bank, Depository, etc.	<u> </u>																							
Mailing Address																								
																	L							
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