

**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
 Health Insurance Political Action Committee of the Health Insurance Association of America

ADDRESS (Number and street) (Check if address is changed)
 1129 20th St., NW
 Suite 600
 Washington DC 20036
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
 202-955-4397

2. DATE 10 / 21 / 2003

3. FEC IDENTIFICATION NUMBER C C00110494

4. IS THIS STATEMENT X 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 Stephen Robertson

Signature of Treasurer Electronically Filed by Stephen Robertson Date 03 / 26 / 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
-----------------------------	----------------	-------	--------	-----------	----------------

- (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

AAHP/HIAA PAC _____

Mailing Address _____ 601 Penn. Ave., NW #500, So. Bldg. _____

Washington DC 20004 - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship | Affiliated Committee _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Health Insurance Political Action Committee of the Health Insurance Association of America

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

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 **Stephen W. Robertson**

Mailing Address **1129 20th Street, NW**

#800

Washington DC 20036 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Senior Vice Presiden Telephone number **202 - 778 - 3200**

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.

Bank of America

Mailing Address

730 15th Street, NW

Washington

DC

20005 -

CITY Δ

STATE Δ

ZIP CODE Δ