**FORM LM-30**

**LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

This report is mandatory under P.L. 95-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

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1. **File Number**
   - **U-28038**

2. **Fiscal Year Covered From:**
   - **01/01/2005** through **12/31/2005**

3. **Name and address of person filing.**
   - **Name:** Connie R Thurman
   - **P.O. Box, Bldg., Room No., if any:**
   - **Street:** 5850 Fortune Circle West
   - **City:** Indianapolis
   - **State:** IN
   - **ZIP Code + 4:** 46241

4. **Name, file number, and address of labor organization.**
   - **Name:** International Union, UAW
   - **Labor Organization File Number:** 016326
   - **P.O. Box, Building and Room Number, if any:**
   - **Street:** 5850 Fortune Circle West
   - **City:** Indianapolis
   - **State:** IN
   - **ZIP Code + 4:** 46241

5. **Position in labor organization:**
   - **International Representative**

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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions):

- Held an interest in, engaged in transactions (including loans) with, or derived income or other monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. **Name and address of Employer (including trade name, if any).**
   - **Name:**
   - **Trade Name, if any:**
   - **P.O. Box, Bldg., Room No., if any:**
   - **Street:**
   - **City:**
   - **State:**
   - **ZIP Code + 4:**

7. **Nature of Interest, Transaction, or Income.**
   - **7a. Nature of Interest:**
   - **7b. Amount:** $1,750.00

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**Signature**

**Signed:** Connie R Thurman

**Date:** 12-18-06

**Telephone Number:** 317-247-5515

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Trade Name, if any:</td>
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<tr>
<td>P.O. Box, Bldg., Room No., if any</td>
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<tr>
<td>Street</td>
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<tr>
<td>City</td>
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<tr>
<td>State</td>
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</tbody>
</table>

9. Business deals with:

| a. Labor Organization |
| b. Trust |
| c. Employer |

10. If 9.b. or 9.c. is checked give trust or employer's name.

| Name | Anthem Insurance Co., Inc. |
| Trade Name, if any: |
| P.O. Box, Bldg., Room No., if any |
| Street | 120 Monument Circle |
| City | Indianapolis |
| State | Indiana | ZIP Code + 4 | 46204 |

11.a. Nature of such dealing.

| Labor Advisory Board |

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest, held or income received.

| Annual Retainer |

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

| Name |
| Trade Name, if any: |
| P.O. Box, Bldg., Room No., if any |
| Street |
| City |
| State | ZIP Code + 4 |

13.b. Is the Business an Employer or Consultant?

| ? |


14.b. Amount of payment.