**FORM LM-30**

**LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

This report is mandatory under P.L. 88-257, 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.**

1. **File Number**
   - 28000
   - 310518

2. **Fiscal Year Covered From:**
   - 1/1/2005 Through: 12/31/2005

3. **Name and address of person filing.**
   - **Name**: Gary L Sorrell
   - **P.O. Box, Bldg., Room No., if any**: Greenwood
   - **Street**: 344 Leaning Tree Rd
   - **City**: Greenwood
   - **State**: IN
   - **ZIP Code + 4**: 46142

4. **Name, file number, and address of labor organization.**
   - **Name**: United Auto Workers Region 3
   - **Labor Organization File Number**: 068790
   - **P.O. Box, Building and Room Number, if any**: 5850 Fortune Circle West
   - **City**: Indianapolis
   - **State**: Indiana
   - **ZIP Code + 4**: 46241

5. **Position in labor organization.**
   - Assistant Director Retiree / Retired in 2004

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):

<table>
<thead>
<tr>
<th><strong>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents</strong></th>
<th><strong>B. Name and address of Employer (including trade name, if any).</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7. a. Nature of interest, Transaction, or Income.</strong></td>
<td><strong>7. b. Amount.</strong></td>
</tr>
</tbody>
</table>

**Signature**

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: [Signature]

On: 12/17/06

Date: [Date]

Telephone Number: (317) 407-3383

[Form LM-30 (2003)]
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):
   - Name: United Auto Workers Region
   - Street: 5850 Fortune Circle West
   - City: Indianapolis
   - State: IN
   - ZIP Code + 4: 46142

9. Business deals with:
   - a. Labor Organization
   - b. Trust
   - c. Employer

10. If 9.b. or 9.c. is checked give more information.
    - Name: Anthem Insurance Companies, Inc.
    - Trade Name, if any: Anthem Blue Cross and Blue Shield
    - Street: 120 Monument Circle
    - City: Indianapolis
    - State: IN
    - ZIP Code + 4: 46142

11. Approximate dollar value of such dealing:
    - $1750.00

12. Nature of interest held or income received:
    - Retainer Fees and Attendance Fee

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. 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

14. Nature of payment:
   - a. Nature of payment:
   - b. Amount of payment:

* indicates a required field.