

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
ADMINISTRATIVE SERVICES  
DIVISION  
APR 15 12 29 PM '94  
FEC IDENTIFICATION NUMBER

1. (a) NAME OF COMMITTEE IN FULL  (Check if name is changed)  
**National Association of Health Underwriters PAC (NHPAC)**

(b) Number and Street Address  (Check if address is changed)  
**1000 Connecticut Avenue, N.W. Suite 810**

(c) City, State and ZIP Code  
**Washington, D.C. 20036**

4. IS THIS STATEMENT AN AMENDMENT?  
 YES  NO

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |

(c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(Name of candidate)

(d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)

(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 a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code                                      | Relationship |
|--|---|--------------|
| National Association of Health Underwriters                | 1000 Connecticut Avenue NW<br>Suite 810<br>Washington, D.C. 20036 | Connected    |

Type of Connected Organization

Corporation  Corporation with Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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   |
|---------------|-----------------|---------------------|
| Karen McManus | same as above   | Director of Finance |

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         | Mailing Address | Title or Position   |
|-------------------|-----------------|---------------------|
| Jay B. Grant      | Same as above   | Treasurer           |
| E. Neil Trautwein |                 | Assistant Treasurer |

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.                   | Mailing Address and ZIP Code |
|--|------------------------------|
| American Security Bank, N.A.<br>Acct: 801-28-150 | Washington, D.C. 20013       |

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 | SIGNATURE OF TREASURER | DATE    |
|---------------------------------|------------------------|---------|
| Jay B. Grant                    |                        | 4/13/94 |

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.

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Federal Election Commission  
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JMH  
PREPARER

4-15-94  
DATE PREPARED

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