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Physician Insurers Association of America

7775 Research Blvd., Suite 250, Rockville, MD 20850
Telephone (301) 947-9000 • Fax (301) 947-9090

December 14, 2000

Federal Election Commission
999 E Street, NW
Washington, DC 20463

To whom it may concern:

I, Lawrence E. Smarr, as Treasurer of the Physician Insurers Association of America Political Action Committee (FEC #C00319319), am writing to report an amendment to the Statement of Organization. We hereby change the person indicated in the position of Assistant Treasurer from Mr. Paul J. Waldron to Mr. Bruce A. Wilson. This change is effective immediately as Mr. Waldron has resigned his position with the PAC. An amended FEC Form 1 is attached to show the updated PAC organization.

If you have any further questions please contact me directly at (301) 947-9000.

Sincerely,

Lawrence E. Smarr
President

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)	2. DATE 12/14/00
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number C00119319
(c) City, State and ZIP Code Rockville, Maryland 20850	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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
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(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
Physician Insurers Association of America PAC	2275 Research Blvd., Suite 250 Rockville, MD 20850	

6. Type of Connected Organization

Corporation Corporation w/o 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 Bruce A. Wilson	Mailing Address c/o PIAA 2275 Research Blvd., #250 Rockville, MD 20850	Title or Position Asst. Treasurer
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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 Lawrence E. Smarr	Mailing Address c/o PIAA 2275 Research Blvd., #250 Rockville, MD 20850	Title or Position TREASURER
Full Name Bruce A. Wilson		Title or Position Asst. Treasurer

D. 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. Chevy Chase Bank, FSB	Mailing Address and ZIP Code PO Box 1296 Laurel, MD 20707
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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 Lawrence E. Smarr	SIGNATURE OF TREASURER 	DATE 12/14/00
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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.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>12-15-00</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify)	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i> PREPARER	<i>12-18-00</i> DATE PREPARED