

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Physician Insurers Association of America Political Action Committee (PIAAPAC)

ADDRESS (number and street) 2275 Research Blvd. Ste. 250 Rockville MD 20850

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00319319

3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (Non-Election Year Only), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12) (Non-Election Year Only), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on [MM/DD/YYYY] in the State of []

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on [MM/DD/YYYY] in the State of []

5. Covering Period 01/01/2011 through 06/30/2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Mike Stinson

Signature of Treasurer Mr. Mike Stinson [Electronically Filed] Date 10/18/2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="9031.86"/>	<input type="text" value="9031.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9031.86"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9315.13"/>	<input type="text" value="9315.13"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="18346.99"/>	<input type="text" value="18346.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2015.00"/>	<input type="text" value="2015.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="16331.99"/>	<input type="text" value="16331.99"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Physician Insurers Association of America Political Action Committee (PIAAPAC)

Report Covering the Period: From: 01 / 01 / 2011 To: 06 / 30 / 2011

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9300.00	9300.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9300.00	9300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9300.00	9300.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	15.00	15.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.13	0.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9315.13	9315.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9315.13	9315.13

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	15.00	15.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2015.00	2015.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2015.00	2015.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9300.00	9300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9300.00	9300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	15.00	15.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-15.00	-15.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Mr. Donald H. Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 21st Avenue South
 City Nashville State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: TN Medical Association Occupation: Association Management
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt: 05 / 13 / 2011
Transaction ID : SA11AI.4413
 Amount of Each Receipt this Period: 300.00
 PAC contribution

B. Eric R. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 13433 Burnt Woods Place
 City Germantown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Dir. of Marketing & PR Occupation:
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **25.00**

Date of Receipt: 04 / 27 / 2011
Transaction ID : SA11AI.4404
 Amount of Each Receipt this Period: 25.00
 PAC Contribution

c. Ms. Cynthia J. Belcher
 Full Name (Last, First, Middle Initial)
 Mailing Address 16184 Marmer Drive
 City Huntington Beach State CA Zip Code 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Coop of American Physicians Occupation: SVP, Membership
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt: 04 / 27 / 2011
Transaction ID : SA11AI.4394
 Amount of Each Receipt this Period: 300.00
 PAC contribution

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Nancy Brusegaard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1340 S. Beverly Glen Blvd.
 No. 311
 City Los Angeles State CA Zip Code 90024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Coop. of American Physicians Occupation: VP, Human Resources
 Receipt For: Primary General Other (specify)

Date of Receipt: 05 / 06 / 2011
Transaction ID : SA11AI.4410
 Amount of Each Receipt this Period: 300.00
 PAC contribution

B. William E. Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 713 Kersey Road
 City Silver Spring State MD Zip Code 20902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: PIAA Occupation: VP, Associate Services
 Receipt For: Primary General Other (specify)

Date of Receipt: 04 / 25 / 2011
Transaction ID : SA11AI.4389
 Amount of Each Receipt this Period: 300.00
 PAC contribution

C. Dr. Juan Carlos Cobo
 Full Name (Last, First, Middle Initial)
 Mailing Address 29731 Orange Oak
 City Laguna State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Cobo Surgical Medical Assoc. Occupation: Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt: 05 / 13 / 2011
Transaction ID : SA11AI.4414
 Amount of Each Receipt this Period: 300.00
 PAC contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Mr. M. Walt Davis
Full Name (Last, First, Middle Initial)
Mailing Address 143 E. Citation Lane
City Tempe State AZ Zip Code 85284
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance Executive Occupation Mutual Ins. Co. of AZ
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00

Date of Receipt 06 / 06 / 2011
Transaction ID : SA11AI.4418
Amount of Each Receipt this Period 150.00
PAC contribution

B. Mr. John A. Donaldson
Full Name (Last, First, Middle Initial)
Mailing Address 443 Bellmore Way
City Pasadena State CA Zip Code 91103
FEC ID number of contributing federal political committee. **C**
Name of Employer Coop. of American Physicians Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00

Date of Receipt 04 / 05 / 2011
Transaction ID : SA11AI.4363
Amount of Each Receipt this Period 150.00
PAC contribution

C. Ms. Ginny Echeverria
Full Name (Last, First, Middle Initial)
Mailing Address 9728 Byeford Road
City Kensington State MD Zip Code 20895
FEC ID number of contributing federal political committee. **C**
Name of Employer PIAA Occupation Director of Membership
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30.00

Date of Receipt 06 / 30 / 2011
Transaction ID : SA11AI.4427
Amount of Each Receipt this Period 30.00
PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Dr. Lewis N. Estabrooks
 Full Name (Last, First, Middle Initial)
 Mailing Address 2319 Andalusia Way, NE
 City St. Petersburg State FL Zip Code 33704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OMSNIC Occupation Board Member
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **150.00**

Date of Receipt **04 / 27 / 2011**
Transaction ID : SA11AI.4395
 Amount of Each Receipt this Period **150.00**
 PAC contribution

B. Ms. Cindy Lesonsky Farrington
 Full Name (Last, First, Middle Initial)
 Mailing Address 14603 Greenleaf Street
 City Sherman Oaks State CA Zip Code 91403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coop. of American Physicians Occupation SVP Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 15 / 2011**
Transaction ID : SA11AI.4375
 Amount of Each Receipt this Period **300.00**
 PAC contribution

C. Timothy P. Foley
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Birchwood Ave
 City Traverse City State MI Zip Code 49686-2819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cooperative of American Physic Occupation Insurance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **150.00**

Date of Receipt **03 / 31 / 2011**
Transaction ID : SA11AI.4354
 Amount of Each Receipt this Period **150.00**
 2011 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Dr. Thomas H. Grimstad
Full Name (Last, First, Middle Initial)
Mailing Address 1 Farnham Place

City Metairie	State LA	Zip Code 70005
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FEC ID number of contributing federal political committee. **C**

Name of Employer LAMMICO	Occupation CEO
-----------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2011

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period
300.00

PAC contribution

B. Jeffrey Holden
Full Name (Last, First, Middle Initial)
Mailing Address 606 Forest Avenue

City Glen Ellyn	State IL	Zip Code 60137
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ISMIE	Occupation COO
---------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2011

Transaction ID : SA11AI.4349

Amount of Each Receipt this Period
600.00

2011 PAC Contribution

C. Dr. Katrina M. Hood
Full Name (Last, First, Middle Initial)
Mailing Address 751 Brookhill Drive

City Lexington	State KY	Zip Code 40502
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatric & Adolescent Assoc.	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2011

Transaction ID : SA11AI.4419

Amount of Each Receipt this Period
50.00

PAC contribution

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

Full Name (Last, First, Middle Initial) A. Mr. Carl T. Hook		Date of Receipt MM / DD / YYYY 03 / 31 / 2011 Transaction ID : SA11AI.4358
Mailing Address 1916 Whispering Pines		Amount of Each Receipt this Period 600.00
City Norman	State OK	Zip Code 73072
FEC ID number of contributing federal political committee. C		2011 PAC Contribution 600.00
Name of Employer PLICO	Occupation MD/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Mr. Peter Kezirian		Date of Receipt MM / DD / YYYY 04 / 25 / 2011 Transaction ID : SA11AI.4391
Mailing Address 300 S Allen Avenue		Amount of Each Receipt this Period 300.00
City Pasadena	State CA	Zip Code 91106
FEC ID number of contributing federal political committee. C		PAC contribution
Name of Employer Coop. of American Physicians	Occupation SVP, Corporate Strategy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mrs. Jill K. Knerr		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 Transaction ID : SA11AI.4429
Mailing Address 13832 Dayton Meadows Court		Amount of Each Receipt this Period 25.00
City Dayton	State MD	Zip Code 21036
FEC ID number of contributing federal political committee. C		PAC contribution
Name of Employer Director of Administration	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

SUBTOTAL of Receipts This Page (optional).....▶	925.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Dr. Constantinos Levanos
Full Name (Last, First, Middle Initial)
Mailing Address PO box 835
City West Brookfield State MA Zip Code 01585
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Dentist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00

Date of Receipt 06 / 28 / 2011
Transaction ID : SA11AI.4425
Amount of Each Receipt this Period 150.00
PAC contribution

B. Mr. Michael L. McCall
Full Name (Last, First, Middle Initial)
Mailing Address 8 Cottage Farms Road
City Cumberland State MD Zip Code 04021
FEC ID number of contributing federal political committee. **C**
Name of Employer Insurance Executive Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00

Date of Receipt 03 / 31 / 2011
Transaction ID : SA11AI.4351
Amount of Each Receipt this Period 150.00
2011 PAC Contribution

C. Dr. Paul Carter McNabb II
Full Name (Last, First, Middle Initial)
Mailing Address 2000 Church Street
City Nashville State TN Zip Code 37236
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Tennessee Occupation Medical doctor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00

Date of Receipt 05 / 06 / 2011
Transaction ID : SA11AI.4407
Amount of Each Receipt this Period 150.00
PAC contribution

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

Full Name (Last, First, Middle Initial) A. Dr. Gary E. Meredith		Date of Receipt MM / DD / YYYY 04 / 25 / 2011
Mailing Address 613 Marr Drive		Transaction ID : SA11AI.4384
City Signal Mountain	State TN	Zip Code 37377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Pediatric Dianostic Assoc.	Occupation Pediatrician	PAC contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) B. Dr. Mearl A. Naponic		Date of Receipt MM / DD / YYYY 04 / 11 / 2011
Mailing Address 700 Front Street Unit 2003		Transaction ID : SA11AI.4370
City San Diego	State CA	Zip Code 92101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Coop. of American Physicians	Occupation Physician	PAC contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Othella T. Owens		Date of Receipt MM / DD / YYYY 03 / 31 / 2011
Mailing Address 1127 Wilshire Blvd., Ste 1604		Transaction ID : SA11AI.4352
City Los Angeles	State CA	Zip Code 90017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	2011 PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Mr. Gordon T. Ownby Esq.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2715 Los Olivos Lane
 City La Crescenta State CA Zip Code 91214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Coop. of American Physicians Occupation: Attorney
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 100.00

Date of Receipt: 04 / 27 / 2011
Transaction ID : SA11AI.4398
 Amount of Each Receipt this Period: 100.00
 PAC contribution

B. Mrs. P. Divya Parikh
 Full Name (Last, First, Middle Initial)
 Mailing Address 12708 Circle Drive
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: PIAA Occupation: Director of Loss Prevention & Research
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 50.00

Date of Receipt: 04 / 29 / 2011
Transaction ID : SA11AI.4406
 Amount of Each Receipt this Period: 50.00
 PAC contribution

C. Mr. David L. Rader
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2426
 City Charleston State WV Zip Code 25329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: WV Mutual Insurance Comp. Occupation: President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 100.00

Date of Receipt: 04 / 27 / 2011
Transaction ID : SA11AI.4400
 Amount of Each Receipt this Period: 100.00
 PAC contribution

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Mr. Harry B. Richardson Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 700 McDonald Avenue
City Santa Rosa State CA Zip Code 95404
FEC ID number of contributing federal political committee. **C**
Name of Employer Physician Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt 03 / 31 / 2011
Transaction ID : SA11AI.4357
Amount of Each Receipt this Period 100.00
2011 PAC Contribution

B. Jan Ross
Full Name (Last, First, Middle Initial)
Mailing Address 5305 Connecticut Ave., NW
City Washington State DC Zip Code 20015
FEC ID number of contributing federal political committee. **C**
Name of Employer Director of Meetings & Education Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 20.00

Date of Receipt 04 / 25 / 2011
Transaction ID : SA11AI.4390
Amount of Each Receipt this Period 20.00
PAC contribution

C. Dr. George Schoepfoerster
Full Name (Last, First, Middle Initial)
Mailing Address 3702 Sterling Drive
City St. Cloud State MN Zip Code 56301
FEC ID number of contributing federal political committee. **C**
Name of Employer Geriatric Services of MN Occupation Geriatrician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 50.00

Date of Receipt 06 / 27 / 2011
Transaction ID : SA11AI.4423
Amount of Each Receipt this Period 50.00
PAC contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Mr. Andrew L. Sew Hoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 South Grand Avenue, Ste. 300
 City Los Angeles State CA Zip Code 90015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 31 / 2011**
Transaction ID : SA11AI.4350
 Amount of Each Receipt this Period **300.00**
 2011 PAC Contribution

B. Dr. Stewart Shanfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 811 Rancho Circle
 City Fullerton State CA Zip Code 92835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fullerton Orthopedics Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 27 / 2011**
Transaction ID : SA11AI.4402
 Amount of Each Receipt this Period **300.00**
 PAC contribution

C. Mr. Lawrence E. Smarr
 Full Name (Last, First, Middle Initial)
 Mailing Address 234 Bonnybrook Road
 City Carlisle State PA Zip Code 17015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Physician Insurers Assn. Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 25 / 2011**
Transaction ID : SA11AI.4387
 Amount of Each Receipt this Period **300.00**
 PAC contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Mr. James E. Smith
Full Name (Last, First, Middle Initial)
Mailing Address 268 Gillette Drive
City Franklin State TN Zip Code 37069
FEC ID number of contributing federal political committee. **C**
Name of Employer State Volunteer Mutual Ins. Co Occupation Insurance executive
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 150.00

Date of Receipt 05 / 17 / 2011
Transaction ID : SA11AI.4415
Amount of Each Receipt this Period 150.00
PAC contribution

B. Mr. Thomas H. Stearns
Full Name (Last, First, Middle Initial)
Mailing Address 7331 Nolensville Rd
City Nolensville State TN Zip Code 37135
FEC ID number of contributing federal political committee. **C**
Name of Employer VP, Medical Pract. Serv. Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 100.00

Date of Receipt 04 / 15 / 2011
Transaction ID : SA11AI.4372
Amount of Each Receipt this Period 100.00
PAC contribution

c. Dr. Charles Steinmann
Full Name (Last, First, Middle Initial)
Mailing Address 213 Via Koron
City Newport Beach State CA Zip Code 92663
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 04 / 05 / 2011
Transaction ID : SA11AI.4361
Amount of Each Receipt this Period 300.00
PAC contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Mr. Mike Stinson
Full Name (Last, First, Middle Initial)
Mailing Address 3006 Bryan St.
City Alexandria State VA Zip Code 22302
FEC ID number of contributing federal political committee. **C**
Name of Employer PIAA Occupation Director of Government Relations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 25 / 2011
Transaction ID : SA11AI.4386
Amount of Each Receipt this Period 300.00
PAC contribution

B. Mr. Jeffrey L. Stoner
Full Name (Last, First, Middle Initial)
Mailing Address 4035 Pulido Court
City Calabasas State CA Zip Code 91302
FEC ID number of contributing federal political committee. **C**
Name of Employer Coop. of American Physiciansq Occupation SVP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00

Date of Receipt 05 / 06 / 2011
Transaction ID : SA11AI.4411
Amount of Each Receipt this Period 150.00
PAC contribution

c. Mr. Scott C. Syphax
Full Name (Last, First, Middle Initial)
Mailing Address 5601 Stanmore Way
City Elk Grove State CA Zip Code 95758
FEC ID number of contributing federal political committee. **C**
Name of Employer The Nehemiah Company Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 25 / 2011
Transaction ID : SA11AI.4377
Amount of Each Receipt this Period 300.00
PAC contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Mr. Paul Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 Beach Street
 City San Francisco State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OMIC Occupation Risk Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 04 / 11 / 2011
Transaction ID : SA11AI.4367
 Amount of Each Receipt this Period 150.00
 PAC contribution

B. Mr. James L. Weidner
 Full Name (Last, First, Middle Initial)
 Mailing Address 556 S. Fair Oaks Avenue #128
 City Pasadena State CA Zip Code 91105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coop. of American Physicians Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2011
Transaction ID : SA11AI.4356
 Amount of Each Receipt this Period 300.00
 2011 PAC Contribution

C. Mr. James L. Weidner
 Full Name (Last, First, Middle Initial)
 Mailing Address 556 S. Fair Oaks Avenue #128
 City Pasadena State CA Zip Code 91105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coop. of American Physicians Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 15 / 2011
Transaction ID : SA11AI.4382
 Amount of Each Receipt this Period 300.00
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 21
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Physician Insurers Association of America Political Action Committee (PIAAPAC)

A. Dr. Glenn H. Weissman
Full Name (Last, First, Middle Initial)
Mailing Address 320 Sycamore Lane
City Bradbury State CA Zip Code 91008
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 15 / 2011
Transaction ID : SA11AI.4373
Amount of Each Receipt this Period 300.00
PAC contribution

B. Mr. Steven C. Williams
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1761
City Brentwood State TN Zip Code 37024
FEC ID number of contributing federal political committee. **C**
Name of Employer State Volunteer Mutual Ins. Co Occupation Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 11 / 2011
Transaction ID : SA11AI.4365
Amount of Each Receipt this Period 300.00
PAC contribution

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	9300.00

