

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

ADDRESS (number and street) 2600 South River Road

Check if different than previously reported. (ACC) Des Plaines IL 60018 3286

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00066472

3. IS THIS REPORT NEW (N) OR 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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 02 01 2008 through 02 29 2008

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 June Holmes

Signature of Treasurer Electronically Filed by June Holmes Date 03 20 2008

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		46998.93
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	68332.51									
(c) Total Receipts (from Line 19)	31835.99	60169.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	100168.50	107168.50								
7. Total Disbursements (from Line 31)	15500.00	22500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	84668.50	84668.50								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

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	14429.54	27954.54
(i) Itemized (use Schedule A)	6400.97	11207.12
(ii) Unitemized	20830.51	39161.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	11000.00	21000.00
(c) Other Political Committees (such as PACs)	31830.51	60161.66
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	5.48	7.91
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 Transfer (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))	31835.99	60169.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31835.99	60169.57

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	14500.00	21500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	15500.00	22500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15500.00	22500.00

DETAILED SUMMARY PAGE
of Disbursements

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	31830.51	60161.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31830.51	60161.66
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)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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 / 18
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Michael L. Browne	Date of Receipt MM / DD / YYYY 02 / 05 / 2008
	Mailing Address 1900 Hollow Road	Transaction ID: 27315483
	City State Zip Code Collegeville PA 19426-1451	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Harleysville Insurance Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Richard J. Zick	Date of Receipt MM / DD / YYYY 02 / 05 / 2008
	Mailing Address 115 West Pine Street	Transaction ID: 27315484
	City State Zip Code Rome NY 13440-3466	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Utica First Insurance Company President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Jeffrey Kusch	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 11332 Trillium Lane North	Transaction ID: 27335110
	City State Zip Code Champlin MN 55316-2685	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Austin Mutual Insurance Company President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	4050.00
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 7 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Mr. James Wallace

Mailing Address 6023 N Waterbury Road

City State Zip Code
Des Moines IA 50312-1343

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
GuideOne Mutual Insurance Company President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 20 / 2008
Transaction ID: 27335111
Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
Mr. Gene G. Gopon

Mailing Address 30 Scott Loop

City State Zip Code
Highland Park IL 60035-5906

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Maxum Specialty Insurance Group Chairman President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2008
Transaction ID: 27335113
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Edward T. Berg

Mailing Address 1217 W Valleyview Drive

City State Zip Code
Algona IA 50511-7266

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pharmacists Mutual Insurance Company President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 22 / 2008
Transaction ID: 27357076
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 3800.00

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 / 18
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Robert W. Minto, Jr.	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 912 Parkview Way	Transaction ID: 27365676
	City State Zip Code Missoula MT 59803-2320	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Attorneys Liability Protection Society	Occupation Chairman and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Mr. James M. Sevey	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 260 Alta Vista Avenue	Transaction ID: 27365677
	City State Zip Code Los Altos CA 94022-2102	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
Name of Employer California Casualty Group	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Mr. John J. Geer, Jr.	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 2902 Gretna Place	Transaction ID: 27365689
	City State Zip Code Vienna VA 22181-5916	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GEICO Corporation	Occupation Vice President Claims	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	3350.00
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 9 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial)
Jess C. Reed

Mailing Address 8600 Hawkins Creamery Road

City Gaithersburg State MD Zip Code 20882-3608

FEC ID number of contributing federal political committee. C

Name of Employer GEICO Occupation VP and Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2008

Transaction ID: 27365692

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Joseph R Thomas

Mailing Address 1708 Dalwood Mews

City Virginia Beach State VA Zip Code 23455-4369

FEC ID number of contributing federal political committee. C

Name of Employer GEICO Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2008

Transaction ID: 27365695

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Steve Reagan

Mailing Address 4700 78th Street

City Urbandale State IA Zip Code 50322-1031

FEC ID number of contributing federal political committee. C

Name of Employer GuideOne Insurance Occupation AVP Corporate Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 29 / 2008

Transaction ID: 27365697

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 800.00

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 / 18
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Gregory V. Ostergren	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address Corporate Centre 1949 East Sunshine	Transaction ID: PR1456193318918
	City Springfield State MO Zip Code 65899-0001	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American National Property and Casualty Occupation Chairman, President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$210.00 Monthly)

B.	Full Name (Last, First, Middle Initial) Mr. John C. Lobert	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1798 Brigs Court	Transaction ID: PR1456226918918
	City Lisle State IL Zip Code 60532-4558	Amount of Each Receipt this Period 312.51
	FEC ID number of contributing federal political committee. C	
	Name of Employer PCI Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.68	P/R Deduction (\$104.17 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Ms. June T. Holmes	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 409 S. Vine	Transaction ID: PR1456336818918
	City Park Ridge State IL Zip Code 60068-4145	Amount of Each Receipt this Period 315.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PCI Occupation Treasurer & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$105.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	837.51
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 / 18
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Scott A. Joyner	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 57 E. Delaware #2105	Transaction ID: PR1456541518918
	City Chicago State IL Zip Code 60611-1476	Amount of Each Receipt this Period 319.50
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$106.50 Se-mi-Monthly)
	Name of Employer PCI Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 426.00	

B.	Full Name (Last, First, Middle Initial) Mr. Thomas E. Hoeg	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 17950 Cranbrook Court	Transaction ID: PR1456708418918
	City Northville State MI Zip Code 48167-4335	Amount of Each Receipt this Period 165.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$55.00 Bi-Weekly)
	Name of Employer Amerisure Companies Occupation Executive Vice President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) Mr. Mark Richards	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 6909 New Hampshire	Transaction ID: PR1456726218918
	City Crystal Lake State IL Zip Code 60012-3148	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Sem-i-Monthly)
	Name of Employer PCI Occupation Director HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	529.50
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 / 18
	<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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Benjamin J. McKay	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1401 South Joyce Street	Transaction ID: PR1695170218918
	City State Zip Code Arlington VA 22202-1874	Amount of Each Receipt this Period 312.51
	FEC ID number of contributing federal political committee. C	
Name of Employer PCI Occupation PCI Sr. VP Federal Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.68	P/R Deduction (\$104.17 Se- mi-Monthly)

B.	Full Name (Last, First, Middle Initial) Mr Thomas R. Litjen	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3917 Barcroft Mews Court	Transaction ID: PR1790384218918
	City State Zip Code Falls Church VA 22041-1235	Amount of Each Receipt this Period 312.51
	FEC ID number of contributing federal political committee. C	
Name of Employer PCI Occupation PCI VP Federal Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.68	P/R Deduction (\$104.17 Se- mi-Monthly)

C.	Full Name (Last, First, Middle Initial) James W Noyce	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 905 48th Street	Transaction ID: PR2194739018918
	City State Zip Code West Des Moines IA 50265-7107	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Occupation FBL Financial Group Insurance Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$125.00 Mo- nthly)

SUBTOTAL of Receipts This Page (optional)	750.02
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 13 / 18	
	(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"/> 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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) David A. Sampson		Date of Receipt		
	Mailing Address 2435 Lockett Ave		M M / D D / Y Y Y Y		
	City Vienna	State VA	Zip Code 22180-6819	Transaction ID: PR2228336718918	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 312.51		
	Name of Employer PCI	Occupation President and CEO		P/R Deduction (\$104.17 Semi-Monthly)	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.60			

SUBTOTAL of Receipts This Page (optional)	312.51
TOTAL This Period (last page this line number only)	14429.54

**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 / 18
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Harleysville Insurance PAC-Federal	Date of Receipt
	Mailing Address 355 Maple Avenue	<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City State Zip Code Harleysville PA 19438-2297	Transaction ID: 27315485
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>

B.	Full Name (Last, First, Middle Initial) SECURA Insurance A Mutual Company PAC	Date of Receipt
	Mailing Address 2401 S. Memorial Drive	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City State Zip Code Appleton WI 54912	Transaction ID: 27365610
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>

C.	Full Name (Last, First, Middle Initial) FBL Financial Group, Inc. PAC	Date of Receipt
	Mailing Address 5400 University Avenue	<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City State Zip Code West Des Moines IA 50266	Transaction ID: 27365698
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="11000.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.	Full Name (Last, First, Middle Initial) Rogers For Congress <hr/> Mailing Address PO Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Michael Rogers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27237883 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">500.00</div>
B.	Full Name (Last, First, Middle Initial) LaTourette for Congress Committee <hr/> Mailing Address P.O. Box 516 <hr/> City Painesville State OH Zip Code 44077-0516 <hr/> Purpose of Disbursement 011 Candidate Name Repr Steve LaTourette <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 19 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27324944 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>
C.	Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel <hr/> Mailing Address P.O. Box 101124 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Rahm Emanuel <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27324936 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Committee To Re-elect Artur Davis To Congress</p> <p>Mailing Address 499 South Capitol St., SW Suite 404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Artur Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AL District: 07</p>	<p>Transaction ID: 27324607</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	9		2	0	0	8												
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jim Jordan for Congress</p> <p>Mailing Address 1709 STATE ROUTE 560 S</p> <p>City Urbana State OH Zip Code 43078</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Jim Jordan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 04</p>	<p>Transaction ID: 27324797</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	9		2	0	0	8												
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Stephen F Lynch for Congress Committee</p> <p>Mailing Address 55 G Street</p> <p>City Boston State MA Zip Code 02127</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Repr Stephen Lynch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 09</p>	<p>Transaction ID: 27358983</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	7		2	0	0	8												

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A. Full Name (Last, First, Middle Initial) Cole for Congress <hr/> Mailing Address P.O. Box 722256 <hr/> City Norman State OK Zip Code 73070-8705 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Tom Cole <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 04 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27358980 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Growth and Prosperity PAC <hr/> Mailing Address 217 Third St., SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 2000.00	
011 Category/ Type	
Full Name (Last, First, Middle Initial) Red PAC <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27358981 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 8
Amount of Each Disbursement this Period 2000.00	
011 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	14500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Property Casualty Insurers Association of America Political Action Committee (P-CIPAC)

A.

Full Name (Last, First, Middle Initial)
Corbin Van Arsdale Campaign

Mailing Address 8904 Fairbanks N. Houston

City Houston State TX Zip Code 77064

Purpose of Disbursement
Corbin Van Arsdale, STATE HOUSE 130 TX

Candidate Name
TX Rep. Corbin Van Arsdale

Office Sought: House
 Senate
 President

State: TX District: 30

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 27275223

Date of Disbursement

02 / 13 / 2008

Amount of Each Disbursement this Period

1000.00

Corbin Van Arsdale, STATE HOUSE 130 TX

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00