

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 2000 14TH ST ARLINGTON VA 22201

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00283135 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 13 2008 through 11 24 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 Jennifer Murphy

Signature of Treasurer Electronically Filed by Jennifer Murphy Date 11 25 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 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

M	M
1	1

D	D
1	3

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

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		51869.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	51290.23									
(c) Total Receipts (from Line 19)	4460.00	318850.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55750.23	370719.29								
7. Total Disbursements (from Line 31)	6000.00	320969.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49750.23	49750.23								
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
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Report Covering the Period: From:

M	M
1	1

D	D
1	3

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

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	3280.00	183854.08
(i) Itemized (use Schedule A)	1180.00	131883.45
(ii) Unitemized	4460.00	315737.53
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4460.00	315737.53
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	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	112.57
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))	4460.00	318850.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4460.00	318850.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	8670.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	8670.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	6000.00	280500.00
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	2605.00
(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	2605.00
29. Other Disbursements.....	0.00	29193.28
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))..	6000.00	320969.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	320969.06

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)	4460.00	315737.53
34. Total Contribution Refunds (from Line 28(d))	0.00	2605.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4460.00	313132.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	8670.78
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	8670.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 9
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<p>A. Full Name (Last, First, Middle Initial) Sandra L. Address</p> <p>Mailing Address 6216 Western Ave</p> <p>City Chevy Chase State MD Zip Code 20815-3309</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Marvin A. Address & Associates, Inc. Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 8</p> <p>Transaction ID: 8143</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dennis Butler</p> <p>Mailing Address 2119 Stone Creek Loop N</p> <p>City Lincoln State NE Zip Code 68512-9309</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Daubert & Butler Associates, Inc. Occupation agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8</p> <p>Transaction ID: 8140</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Timothy J. Finnell</p> <p>Mailing Address 5497 S Angela Rd</p> <p>City Memphis State TN Zip Code 38120-2207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Executive Financial Services Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8</p> <p>Transaction ID: 8141</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	2000.00
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 / 9
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

<p>A. Full Name (Last, First, Middle Initial) Jonathan Frisch</p> <p>Mailing Address 1528 Wyndham Cv</p> <p>City State Zip Code Memphis TN 38120-1426</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Zalowitz Frisch Benefits Group</p> <p>Occupation Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 8</p> <p>Transaction ID: 8120</p> <p>Amount of Each Receipt this Period 150.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Archie Samuel King</p> <p>Mailing Address 1711 Mohegan Dr</p> <p>City State Zip Code Durham NC 27712-2523</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Wellpath</p> <p>Occupation Regional Account Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8</p> <p>Transaction ID: 8139</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Susan McGinnis</p> <p>Mailing Address 9905 S Maplewood Ave</p> <p>City State Zip Code Tulsa OK 74137-5534</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer BenEx Insurance Agency</p> <p>Occupation Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 330.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 8</p> <p>Transaction ID: 8131</p> <p>Amount of Each Receipt this Period 30.00</p>
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SUBTOTAL of Receipts This Page (optional)	1180.00
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 8 / 9
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A.

Full Name (Last, First, Middle Initial)
James R Rasmussen

Mailing Address 2500 Laurel Park Hwy

City Hendersonville State NC Zip Code 28739-8965

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

Name of Employer Morrow Insurance Agency, Inc. Occupation Employee Benefits Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	8

Transaction ID: 8118

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	3280.00

**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)

PAGE 9 / 9

<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)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

A. Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08 <hr/> Mailing Address 680 TRANSFER ROAD SUITE A <hr/> City ST PAUL State MN Zip Code 55114 <hr/> Purpose of Disbursement Run-Off Candidate Name NORM COLEMAN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 8132 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) FRIENDS OF JIM MARSHALL <hr/> Mailing Address 586 Orange Street <hr/> City Macon State GA Zip Code 31201 <hr/> Purpose of Disbursement Contribution Candidate Name JIM MARSHALL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8134 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

6000.00