

# Motorists Insurance Civic Fund

471 East Broad Street · Columbus, Ohio 43215 · (614) 225-8309

RECEIVED  
FEDERAL ELECTIONS  
COMMISSION MAIL ROOM

JUL 21 1 05 PM '99

July 19, 1999

CERTIFIED MAIL

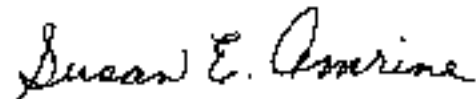
FEDERAL ELECTIONS COMMISSION  
999 E STREET NW  
WASHINGTON DC 20463

Re: Motorists Mutual Insurance Company Civic Fund  
FEC ID# C00336834

Enclosed is the 1999 Mid-year Report for our Separate Segregated Fund. Also enclosed you will find an FEC Form 1 (amendment).

If you have any questions, I can be reached at 614-225-8309.

Motorists Mutual Insurance Insurance Company Civic Fund



Susan E. Amrine  
Custodian of Records

Enclosures

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 21 1 05 PM '99

1. (a) NAME OF COMMITTEE IN FULL Motorists Mutual Insurance Company Civic Fund (Motorists Insurance Civic Fund)	<input type="checkbox"/> (Check if name is changed)	2. DATE 7/16/99
(b) Number and Street Address 471 East Broad Street	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number C00336834
(c) City, State and ZIP Code Columbus, OH 43215	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
  - (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate and is NOT an authorized committee.
  - (d) The committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
  - (e) This committee is a separate segregated fund.
  - (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Susan E. Amrine	Mailing Address 471 East Broad Street, Columbus, OH 43215	Title or Position Executive Assistant Sr.
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8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Michael L. Wiseman	SIGNATURE OF TREASURER <i>Michael L. Wiseman</i>	DATE 7/16/99
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

FEBAN121

**FEC FORM 1**  
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-19-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ end/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>SH</i>	 7-21-99
PREPARER	DATE PREPARED