

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) PAC The National Association of Health Underwriters	FEDERAL ELECTION COMMISSION COMMISSIONER L. J. BROWN
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2000 N. 14th Street, Suite 450	2. FEC IDENTIFICATION NUMBER: C00283135
CITY, STATE and ZIP CODE Arlington, VA 22201	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/24/98</u> through <u>12/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 3,984.66
(b) Cash on Hand at Beginning of Reporting Period	\$ 6,060.96	
(c) Total Receipts (from Line 19)	\$ 600.84	\$ 36,085.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 6,661.80	\$ 40,070.05
7. Total Disbursements (from Line 30)	\$ 551.84	\$ 33,960.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,109.96	\$ 6,109.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20469 Toll Free 800-424-9600 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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 **Kevin P. Corcoran**

Signature of Treasurer



Date

1/25/99

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

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FEC FORM 3X

(revised 9/83)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE The National Association of Health Underwriters		PAC	REPORT COVERING PERIOD FROM 11/24/98 TO: 12/31/98	
Receipts			COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:				
a. Individual Persons Other Than Political Committees				
i. Itemized (use Schedule A)		180.00	9,120.00	11(a)
ii. Unitemized		420.84	26,840.85	11(b)
iii. Total (add i and ii) >		600.84	35,960.85	11(c)
b. Political Party Committees				11(d)
c. Other Political Committees (such as PACs)				11(e)
d. Total Contributions (add a ii, b and c) >		600.84	35,960.85	11(f)
12. Transfers From Affiliated/Other Party Committees				12
13. All Loans Received				13
14. Loan Repayments Received				14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			124.54	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				16
17. Other Federal Receipts (Dividends, Interest, etc.)				17
18. Transfers from Nonfederal Account for Joint Activity				18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		600.84	36,085.39	19
20. Total Federal Receipts (subtract line 18 from line 19) >		600.84	36,085.39	20
Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				21(a)(i)
i. Federal Share				21(a)(ii)
ii. Non-Federal Share				21(a)(iii)
b. Other Federal Operating Expenditures		551.84	13,460.09	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >		551.84	13,460.09	21(c)
22. Transfers to Affiliated/Other Party Committees				22
23. Contributions to Federal Candidates/Committees and Other Political Committees			20,250.00	23
24. Independent Expenditures (use Schedule E)				24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)				25
26. Loan Repayments Made				26
27. Loans Made				27
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees			250.00	28(a)
b. Political Party Committees				28(b)
c. Other Political Committees (such as PACs)				28(c)
d. Total Contribution Refunds (add a, b and c) >			250.00	28(d)
29. Other Disbursements				29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		551.84	33,960.09	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		551.84	33,960.09	31
Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans) (from line 11d)		600.84	35,960.85	32
33. Total Contribution Refunds (from line 28d)		-0-	250.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)		600.84	35,710.85	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		551.84	13,460.09	35
36. Offsets to Operating Expenditures (from line 15)		-0-	124.54	36
37. Net Operating Expenditures (subtract line 36 from 35) >		551.84	13,335.55	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11(a)(i)

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)

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Hendricks 4200 East Skelly Drive, Suite 835 Tulsa, OK 74135-3235	Business Planning Group of Oklahoma Occupation: Insurance Agent	12/2/98	\$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$675.00		
Ruth Houkom 1000 S. Cleveland Massillon Road Suite 103 Akron, OH 44333-9204	Ruth L. Houkom Benefit Designs, Inc. Occupation: Owner-Insurance Agent	12/2/98	\$30.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$460.00		
David R. Kross 3341 Harrison Avenue Cincinnati, OH 45211	United Benefits Agency, Inc. Occupation: Insurance Agent	12/2/98	\$20.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$295.00		
Michael Matznick P.O. Box 38248 Greensboro, NC 27438-8248	Med/Flex Benefits Group Occupation: Owner-Insurance Agent	12/2/98	\$25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$250.00		
Eugene Rowe 16000 Ventura Blvd., Suite 1103 Encino, CA 91436	The Rowe Group Occupation: Owner-Insurance Agent	12/2/98	\$30.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$285.00		
Sue Wilson 3555 NW 58th Street, Suite 310 Oklahoma, OK 73112	Sue Wilson Brokerage, Inc. Occupation: Owner-Insurance Agent	12/2/98	\$25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$225.00		
Q. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$180.00

TOTAL This Period (last page this line number only) \$180.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

The National Association of Health Underwriters PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Association of Health Underwriters 2000 N. 14th Street, 450 Arlington, VA 22201	HUPAC Board Mailings via UPS	11/24/98	\$227.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) shipping	12/16/98	\$ 29.34
B. Full Name, Mailing Address and ZIP Code Vialog Group Communications P.O. BOX 9449 Boston, MA 02209-9449	Purpose of Disbursement PAC Board of Directors teleconferences	11/24/98	\$154.47
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	12/16/98	\$ 23.98
	<input checked="" type="checkbox"/> Other (specify) teleconference	12/30/98	\$ 77.81
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$512.60
TOTAL This Period (last page this line number only)	\$512.60

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>1-29-89</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jm</i> PREPARER	<i>1-29-89</i> DATE PREPARED