



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Kevin P. Corcoran, Treasurer
National Association of Health Under-
writers PAC (HUPAC)
2000 14th Street, Suite 450
Arlington, VA 22201

SEP 13 2000

Identification Number: C00283135

Reference: Mid-Year Report (1/1/99-6/30/99)

Dear Mr. Corcoran:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses contribution(s) which may have been drawn on a corporate account(s). 2 U.S.C. §441b(a) prohibits the receipt of contributions from corporations unless made from separate segregated funds established by the corporations.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received a contribution(s) from a corporation(s), you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of the committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on

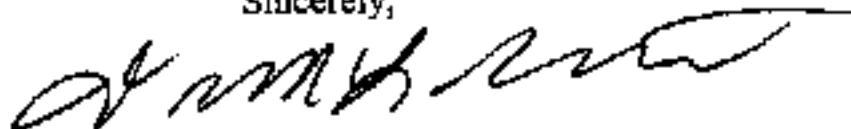
Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action on your part to transfer-out or refund any such prohibited contributions will be taken into consideration.

-Please amend Schedule B supporting Line 23 by providing the office sought (i.e. Senate, House, President) for each contribution made. 11 CFR §104.3(b)(3)(ii) and (v)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Donald L. Averett
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

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

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

2/2/99

A. Full Name, Mailing Address and ZIP Code
 Jo Anne Burris
 LMT Maritime Inc.
 806 N. 8th Street P.O. Box 251
 Sheboygan, WI 53082-0251

Name of Employer
 LMT Maritime Inc.
 Occupation
 Insurance Agent Owner
 Aggregate Year-to-Date $\$ 245.00$

Date (month, day, year)
 3/11/99
 Amount of Each Receipt this Period
 245.00

Receipt For: Primary General
 Other (specify):

B. Full Name, Mailing Address and ZIP Code
 D. Baily Calvin
 Calco, Inc
 445 E. 5th Ave.
 Anchorage, AK 99510

Name of Employer
 Calco, Inc.
 Occupation
 Insurance Agent/Owner
 Aggregate Year-to-Date $\$ 300.00$

Date (month, day, year)
 1/2/99
 2/2/99
 3/2/99
 4/2/99
 5/3/99 6/2/99
 Amount of Each Receipt this Period
 50.00
 50.00
 50.00
 50.00
 50.00
 50.00

Receipt For: Primary General
 Other (specify):

C. Full Name, Mailing Address and ZIP Code
 Barbara Coggins
 Benefit Solutions, Inc.
 400 E. Hwy. 436, Ste #208
 Casselberry, FL 32707

Name of Employer
 Benefit Solutions, Inc.
 Occupation
 Insurance Agent/Owner
 Aggregate Year-to-Date $\$ 200.00$

Date (month, day, year)
 6/25/99
 Amount of Each Receipt this Period
 200.00

Receipt For: Primary General
 Other (specify):

D. Full Name, Mailing Address and ZIP Code
 Edward D. Colina
 Edward Colina & Associates
 13200 128th St. Suite E-3
 Miami, FL 33186-5831

Name of Employer
 Edward Colina & Associates
 Occupation
 Insurance Agent/Owner
 Aggregate Year-to-Date $\$ 200.00$

Date (month, day, year)
 6/25/99
 Amount of Each Receipt this Period
 200.00

Receipt For: Primary General
 Other (specify):

E. Full Name, Mailing Address and ZIP Code
 Ann M. Currie
 2891 Center Pointe Drive
 Suite 207
 Ft. Myers, FL 33916

Name of Employer
 The Umbrella Group
 Occupation
 Insurance Agent
 Aggregate Year-to-Date $\$ 200.00$

Date (month, day, year)
 6/25/99
 Amount of Each Receipt this Period
 200.00

Receipt For: Primary General
 Other (specify):

F. Full Name, Mailing Address and ZIP Code
 Elaine Desilette
 Benefit Resources
 P.O. Box 305
 Dover, NH 03821-0035

Name of Employer
 Benefit Resources
 Occupation
 Insurance Agent
 Aggregate Year-to-Date $\$ 250.00$

Date (month, day, year)
 3/22/99
 3/11/99
 Amount of Each Receipt this Period
 200.00
 50.00

Receipt For: Primary General
 Other (specify):

G. Full Name, Mailing Address and ZIP Code
 William M. Flattery
 Wye-Oak Insurance Agency, Inc.
 110 Old Padonia Rd. #201
 Cockeysville, MD 21030

Name of Employer
 Wye-Oak Insurance Agency, Inc.
 Occupation
 Insurance Agent
 Aggregate Year-to-Date $\$ 250.00$

Date (month, day, year)
 2/25/99
 Amount of Each Receipt this Period
 250.00

Receipt For: Primary General
 Other (specify):

SUBTOTAL of Receipts This Page (optional) $\$1,645.00$

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11 (a) (i)

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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
Eva Jean Fomalont Presbyterian Health Plan P.O. Box 27489 Albuquerque, NM 87125	Presbyterian Health Plan	6/18/99	300.00
	Occupation Insurance Agent	3/2/99	90.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$390.00		
Anthony W. Halby Halby Insurance Agency 313 Railroad Ave. #201 Nevada City, CA 95959	Halby Insurance Agency	6/11/99	75.00
	Occupation Insurance Agent/Owner	3/22/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$275.00		
Timothy Hendricks Business Planning Group of OK 4200 East Skelly Drive #835 Tulsa, OK 74135-3235	Business Planning Group of OK	3/22/99	100.00
	Occupation Insurance Agent/Owner	1/2/99	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	3/2/ 4/2 5/3/ 6/2 2/2/	50.00 50.00 50.00	50.00
Aggregate Year-to-Date > \$400.00			
Robert L. Herzfeld Herzfeld Life & Health Care 546 W. Carpenter Benton, AR 72015	Herzfeld Life & Health Care	3/2/99	220.00
	Occupation Insurance Agent/Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$220.00		
Michael W. Hipskind Key Financial 4901 Main Street Downers Grove, IL 60515	Key Financial	6/25/99	200.00
	Occupation Insurance Agent	3/22/99	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$225.00		
Maureen Kennealy BCBS of IL 300 E. Randolph, 19th Floor Chicago, IL 60601	BCBS of IL	6/25/99	200.00
	Occupation Insurance Agent		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
Dennis B. Mather The Mather Companies 10540 York Rd. P.O. Box 8039 Cockeysville, MD 21030	The Mather Companies	3/11/99	220.00
	Occupation Insurance Agent/Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$220.00		

SUBTOTAL of Receipts This Page (optional) \$1,930.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11 (a) (1)

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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
Michael E. Matznick Med/Flex Benefits Center, Inc. P.O. Box 38248 Greensboro, NC 27438-8248	Med/Flex Benefits Center, Inc.	8/22/99	220.00
	Occupation Insurance Agent/Owner	1/2/99	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	3/2/ 4/2/ 5/3/ 6/2/	25.00 25.00
			25.00
B. Full Name, Mailing Address and ZIP Code Sharon McDermott McDermott Brokerage, Inc. 11932 Arbor St., #103 Omaha, NE 66144-2986	McDermott Brokerage, Inc.	6/18/99	100.00
	Occupation Insurance Agent/Owner	3/11/99	220.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		\$ 320.00
C. Full Name, Mailing Address and ZIP Code Wesley Morgan Professional Ins Planning, Inc. 2546 Reynolds Rd. Winston Salem, NC 27106	Professional Ins Planning, Inc.	5/21/99	200.00
	Occupation Insurance Agent		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		\$ 200.00
D. Full Name, Mailing Address and ZIP Code Lionie G. Nefouse The Nefouse Agency 1311 West 96th St., #201 Indianapolis, IN 46260-1173	The Nefouse Agency	3/3/99	300.00
	Occupation Insurance Agent/owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		\$ 300.00
E. Full Name, Mailing Address and ZIP Code Lee R. Parsons Parsons and Associates P.O. Box 19220 Roanoke, VA 24019	Parsons and Associates	6/18/99	100.00
	Occupation Insurance Agent/Owner	3/4/99	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		\$ 200.00
F. Full Name, Mailing Address and ZIP Code Arnold C. Poutala Campbell, Galt & Newlands 708 SW Third #400 Portland, OR 97204-2495	Campbell, Galt & Newlands	6/18/99	75.00
	Occupation Insurance Agent	3/11/99	140.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	1/2 4/2 2/2 5/3 3/2 6/2	10.00 10.00 10.00 10.00
			10.00
G. Full Name, Mailing Address and ZIP Code Louis P. Reginelli L.P.R. Insurance Agency 27 Newgate Ave. Naperville, IL 60565	L.P.R. Insurance Agency	6/25/99	200.00
	Occupation Insurance Agent/Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		\$ 200.00

SUBTOTAL of Receipts This Page (optional) \$1,865.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 4 OF 5
FOR LINE NUMBER
11 (a) (1)

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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
Scott D. Robertson Agents Umbrella Group of FL 2891 Centerpointe Dr., Ste. 207 Fort Myers, FL 33916	Agents Umbrella Group of FL	6/25/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent/Owner Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code David Rushmore 1820 East Garry St., Suite 102 Santa Ana, CA 92705	Benefit Plan Coordinators	4/5/99	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Stephen Salamon The Salamon Agency 106 Old Court Rd., Suite 301 Baltimore, MD 21208-4106	The Salamon Agency	3/22/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent/Owner Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code Vincent Schinerl Coordinated Benefits Co. 420 Lake-Cook Rd., #111 Deerfield, IL 60015	Coordinated Benefits Co.	3/11/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code Scott A. Shaler 74 E. Grand Ave., Ste. 104 P.O. Box 542 Fox Lake, IL 60020	Principal Financial group	3/4/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent/Owner Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code Roger W. Skinner Group Link, Inc. 5546 Sprewood Dr. Indianapolis, IN 46220	Group Link, Inc.	2/11/99 3/4/99 4/2/99 5/3/99 6/2/99	25.00 200.00 10.00 10.00 10.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent/Owner Aggregate Year-to-Date > \$ 255.00		
G. Full Name, Mailing Address and ZIP Code Nat Smith Rogers Benefit Group, Inc. 5311 77 Center Drive #72 Charlotte, NC 28217	Rogers Benefit Group, Inc.	3/15/99	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional)

\$1,505.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

The National Association of Health Underwriters PAC

Handwritten initials

A. Full Name, Mailing Address and ZIP Code Gordon Spiering Safeguard Health Plans, Inc. 8100 N. University Drive Ft. Lauderdale, FL 33321-1717	Name of Employer Safeguard Health Plans, Inc.	Date (month, day, year) 6/25/99	Amount of Each Receipt This Period 200.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$200.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code David L. Streich Key Financial Group 4901 Main Street Downers Grove, IL 60515	Name of Employer Key Financial Group	Date (month, day, year) 6/25/99	Amount of Each Receipt This Period 200.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$200.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code Julie Teplis Julie Teplis Agency 3970 Sentry Crossing NE Marietta, GA 30068	Name of Employer Julie Teplis Agency	Date (month, day, year) 6/8/99	Amount of Each Receipt This Period 200.00
	Occupation Insurance Agent/owner	Aggregate Year-to-Date > \$200.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code Daniel Wagon Dan Wagon and Associates 100 West Clarendon #620 Phoenix, AZ 85013-3503	Name of Employer Dan Wagon and Associates	Date (month, day, year) 4/7/99	Amount of Each Receipt This Period 200.00
	Occupation Insurance Agent/Owner	Aggregate Year-to-Date > \$200.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Handwritten initials

E. Full Name, Mailing Address and ZIP Code I. William Weinberg PRB, Inc. 204 2nd Ave., #733 San Mateo, CA 94401-3904	Name of Employer PRB, Inc.	Date (month, day, year) 3/11/99 4/2/99 5/3/99 6/2/99	Amount of Each Receipt This Period 100.00 50.00 50.00 50.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code Ronald R. Wolownik Guarantee-Trust Life Ins., Co. 1275 Milwaukee Ave. Glenview, IL 60025	Name of Employer Guarantee Trust Life Ins., Co.	Date (month, day, year) 6/25/99 1/2/99 3/2 5/2 2/2 6/2 4/2 6/2	Amount of Each Receipt This Period 200.00 5.00 5.00 5.00 5.00 5.00
	Occupation Insurance Agent	Aggregate Year-to-Date > \$230.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code Douglas Young The Young Group P.O. Box 17786 285 W. Millbrook RD Raleigh, NC 27619	Name of Employer The Young Group	Date (month, day, year) 3/11/99	Amount of Each Receipt This Period 200.00
	Occupation Insurance Agent/Owner	Aggregate Year-to-Date > \$200.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) \$1,480.00

TOTAL This Period (last page this line number only) \$8,425.00

