

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full) Health Insurance Political Action Committee of the Health Insurance Association of America		2. FEC IDENTIFICATION NUMBER C00110494
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1201 F Street, NW Suite 500	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)	
CITY, STATE, and ZIP CODE Washington DC 20004		

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 |
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day 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>05/01/2001</u> through <u>05/31/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u>		15604.86
(b) Cash on Hand at Beginning of Reporting Period	25381.78	
(c) Total Receipts (from line 19)	7221.83	25574.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32613.61	45479.06
7. Total Disbursements (from line 30)	3850.13	16715.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28763.48	28763.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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
Electronically Filed by Ms. Kathleen Harrington

Signature of Treasurer	Date 06/20/2001
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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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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE Health Insurance Political Action Committee of the Health Insurance Association of America		REPORT COVERING PERIOD FROM 05/01/2001 TO: 05/31/2001	
I. 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)	6158.00	7220.00	11.a.i.
ii. Unitemized	976.84	2922.56	11.a.ii.
iii. Total	7134.84	10142.56	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	15000.00	11.c.
d. Total Contributions	7134.84	25142.56	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	86.99	431.62	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	7221.83	25574.18	19.
20. Total Federal Receipts	7221.83	25574.18	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	90.15	1455.60	21.b.
c. Total Operating Expenditures	90.15	1455.60	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	3759.98	15256.98	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	3850.13	16715.58	30.
31. Total Federal Disbursements	3850.13	16715.58	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	7134.84	25142.56	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	7134.84	25142.56	34.
35. Total Federal Operating Expenditures	90.15	1455.60	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	90.15	1455.60	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 9
			FOR LINE NUMBER 11A1

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)
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name, Mailing Address, and ZIP Code Ms. Kathleen H. Fyffe 555 13th Street, NW Suite 600 East Washington DC 20004-1109	Name of Employer HIAA	Date (month, day, year) 05/03/2001	Amount of Each Receipt this Period 30.00
	Occupation Federal Regulatory Director		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 290.00			
Full Name, Mailing Address, and ZIP Code Ms. Kathleen H. Fyffe 555 13th Street, NW Suite 600 East Washington DC 20004-1109	Name of Employer HIAA	Date (month, day, year) 05/03/2001	Amount of Each Receipt this Period 30.00
	Occupation Federal Regulatory Director		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 290.00			
Full Name, Mailing Address, and ZIP Code Ms. Kathleen H. Fyffe 555 13th Street, NW Suite 600 East Washington DC 20004-1109	Name of Employer HIAA	Date (month, day, year) 05/08/2001	Amount of Each Receipt this Period 30.00
	Occupation Federal Regulatory Director		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 290.00			
Full Name, Mailing Address, and ZIP Code Ms. Kathleen H. Fyffe 555 13th Street, NW Suite 600 East Washington DC 20004-1109	Name of Employer HIAA	Date (month, day, year) 05/08/2001	Amount of Each Receipt this Period 30.00
	Occupation Federal Regulatory Director		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 290.00			
Full Name, Mailing Address, and ZIP Code Mr. Dean A. Rosen 555 13th Street, NW Suite 600 East Washington DC 20004-1109	Name of Employer HIAA	Date (month, day, year) 05/03/2001	Amount of Each Receipt this Period 35.00
	Occupation Senior Vice President, Policy & Inform		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 245.00			
Full Name, Mailing Address, and ZIP Code Mr. Dean A. Rosen 555 13th Street, NW Suite 600 East Washington DC 20004-1109	Name of Employer HIAA	Date (month, day, year) 05/03/2001	Amount of Each Receipt this Period 35.00
	Occupation Senior Vice President, Policy & Inform		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 245.00			
Full Name, Mailing Address, and ZIP Code Mr. Winthrop S. Cashdollar 555 13th Street, NW Suite 600 East Washington DC 20004-1109	Name of Employer HIAA	Date (month, day, year) 05/03/2001	Amount of Each Receipt this Period 77.00
	Occupation Director, Center for Disability and Lo		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 770.00			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		4 / 9
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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) Health Insurance Political Action Committee of the Health Insurance Association of Ameri				
Full Name, Mailing Address, and ZIP Code Mr. Winthrop S. Cashdollar 555 13th Street, NW Suite 600 East Washington DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HIAA Occupation Director, Center for Disability and Lo Aggregate Year-to-Date > \$ 770.00	Date (month, day, year) 05/03/2001	Amount of Each Receipt this Period 77.00	
Full Name, Mailing Address, and ZIP Code Mr. Winthrop S. Cashdollar 555 13th Street, NW Suite 600 East Washington DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HIAA Occupation Director, Center for Disability and Lo Aggregate Year-to-Date > \$ 770.00	Date (month, day, year) 05/06/2001	Amount of Each Receipt this Period 77.00	
Full Name, Mailing Address, and ZIP Code Mr. Winthrop S. Cashdollar 555 13th Street, NW Suite 600 East Washington DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HIAA Occupation Director, Center for Disability and Lo Aggregate Year-to-Date > \$ 770.00	Date (month, day, year) 05/08/2001	Amount of Each Receipt this Period 77.00	
Full Name, Mailing Address, and ZIP Code Ms. Rita M. Theisen 555 13th Street, NW Suite 600 East Washington DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HIAA Occupation Assistant Vice President, State Affair Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/03/2001	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Ms. Rita M. Theisen 555 13th Street, NW Suite 600 East Washington DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HIAA Occupation Assistant Vice President, State Affair Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/03/2001	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Ms. Rita M. Theisen 555 13th Street, NW Suite 600 East Washington DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HIAA Occupation Assistant Vice President, State Affair Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/06/2001	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Ms. Rita M. Theisen 555 13th Street, NW Suite 600 East Washington DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HIAA Occupation Assistant Vice President, State Affair Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/08/2001	Amount of Each Receipt this Period 25.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page 5 / 9 FOR LINE NUMBER 11A1	
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) Health Insurance Political Action Committee of the Health Insurance Association of America					
Full Name, Mailing Address, and ZIP Code Trustmark Political Action 400 Field Drive Lake Forest IL 60045 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Trustmark Political Action Committee Occupation TRUSTPAC Aggregate Year-to-Date > \$ 5000.00		Date (month, day, year) 05/28/2001 Amount of Each Receipt this Period 5000.00	
Full Name, Mailing Address, and ZIP Code Dr. Donald Young 555 13th Street, NW Suite 600 East Washington DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Health Insurance Association of America Occupation Chief Operating Officer and Medical Director Aggregate Year-to-Date > \$ 1000.00		Date (month, day, year) 05/03/2001 Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Dr. Donald Young 555 13th Street, NW Suite 600 East Washington DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Health Insurance Association of America Occupation Chief Operating Officer and Medical Director Aggregate Year-to-Date > \$ 1000.00		Date (month, day, year) 05/03/2001 Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Dr. Donald Young 555 13th Street, NW Suite 600 East Washington DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Health Insurance Association of America Occupation Chief Operating Officer and Medical Director Aggregate Year-to-Date > \$ 1000.00		Date (month, day, year) 05/08/2001 Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Dr. Donald Young 555 13th Street, NW Suite 600 East Washington DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Health Insurance Association of America Occupation Chief Operating Officer and Medical Director Aggregate Year-to-Date > \$ 1000.00		Date (month, day, year) 05/08/2001 Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Ms. Josephine Marlin 555 13th Street, NW Suite 600 East Washington DC 20004-1150 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer HIAA Occupation Senior Vice President, Public Affairs Aggregate Year-to-Date > \$ 280.00		Date (month, day, year) 05/03/2001 Amount of Each Receipt this Period 40.00	
Full Name, Mailing Address, and ZIP Code Ms. Josephine Marlin 555 13th Street, NW Suite 600 East Washington DC 20004-1150 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer HIAA Occupation Senior Vice President, Public Affairs Aggregate Year-to-Date > \$ 280.00		Date (month, day, year) 05/03/2001 Amount of Each Receipt this Period 40.00	
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	6 / 9	
		Use separate schedule(s) for each category of the Detailed Summary Page	
		FOR LINE NUMBER 11A1	
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) Health Insurance Political Action Committee of the Health Insurance Association of America			
Full Name, Mailing Address, and ZIP Code Ms. Josephine Marlin 555 13th Street, NW Suite 600 East Washington DC 20004-1150	Name of Employer HIAA	Date (month, day, year) 05/08/2001	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Senior Vice President, Public Affairs	Aggregate Year-to-Date > 5 280.00	
Full Name, Mailing Address, and ZIP Code Ms. Josephine Marlin 555 13th Street, NW Suite 600 East Washington DC 20004-1150	Name of Employer HIAA	Date (month, day, year) 05/08/2001	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Senior Vice President, Public Affairs	Aggregate Year-to-Date > 5 280.00	
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)		6158.00	

SCHEDULE A	ITEMIZED RECEIPTS	7 / 9
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 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) Health Insurance Political Action Committee of the Health Insurance Association of America		
Full Name, Mailing Address, and ZIP Code Bank of America 730 15th Street, NW Washington DC 20005	Name of Employer Bank of America Occupation	Date (month, day, year) 05/31/2001 Amount of Each Receipt This Period 85.89 Memo entry [MEMO ITEM]
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date 5 431.62	
SUBTOTALS of Receipts This Page (Optional)		
TOTALS This Period (last page this line number only)		0.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		8 / 9
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 21B	
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) Health Insurance Political Action Committee of the Health Insurance Association of America				
Full Name, Mailing Address, and ZIP Code Bank of America 730 15th Street, NW Washington DC 20005	Purpose of Disbursement Bank Charges Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :	Date (month, day, year) 05/31/2001	Amount of Each Disbursement This Period 90.15	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				90.15

