

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>5 / 9</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 11A1</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Health Insurance Political Action Committee of the Health Insurance Association of America</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Trustmark Political Action Committee  <b>Occupation</b> TRUSTPAC <b>Aggregate Year-to-Date</b> > \$ 5000.00	<b>Date (month, day, year)</b> 05/28/2001	<b>Amount of Each Receipt this Period</b> 5000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Health Insurance Association of America  <b>Occupation</b> Chief Operating Officer and Medical Director <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 05/03/2001	<b>Amount of Each Receipt this Period</b> 100.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Health Insurance Association of America  <b>Occupation</b> Chief Operating Officer and Medical Director <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 05/03/2001	<b>Amount of Each Receipt this Period</b> 100.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Health Insurance Association of America  <b>Occupation</b> Chief Operating Officer and Medical Director <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 05/08/2001	<b>Amount of Each Receipt this Period</b> 100.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> Health Insurance Association of America  <b>Occupation</b> Chief Operating Officer and Medical Director <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 05/08/2001	<b>Amount of Each Receipt this Period</b> 100.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> HIAA  <b>Occupation</b> Senior Vice President, Public Affairs <b>Aggregate Year-to-Date</b> > \$ 280.00	<b>Date (month, day, year)</b> 05/03/2001	<b>Amount of Each Receipt this Period</b> 40.00	
<b>Full Name, Mailing Address, and ZIP Code</b> 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) :	<b>Name of Employer</b> HIAA  <b>Occupation</b> Senior Vice President, Public Affairs <b>Aggregate Year-to-Date</b> > \$ 280.00	<b>Date (month, day, year)</b> 05/03/2001	<b>Amount of Each Receipt this Period</b> 40.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				