



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**RG A Reinsurance Company Federal PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="110735.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="110735.29"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9816.04"/>	<input type="text" value="9816.04"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="120551.33"/>	<input type="text" value="120551.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15000.00"/>	<input type="text" value="15000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="105551.33"/>	<input type="text" value="105551.33"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**RGA Reinsurance Company Federal PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5346.06	5346.06
(ii) Unitemized .....	4469.98	4469.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9816.04	9816.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9816.04	9816.04
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9816.04	9816.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9816.04	9816.04

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15000.00	15000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15000.00	15000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9816.04	9816.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9816.04	9816.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)  
**RGA Reinsurance Company Federal PAC**

**A. David Snell**  
Full Name (Last, First, Middle Initial)

Mailing Address 15661 Silverlake Court

City Chesterfield	State MO	Zip Code 63017
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RGA Reinsurance Company	Occupation Consultant
---------------------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2013

**Transaction ID : 4560406**

Amount of Each Receipt this Period  

500.00
--------

**B. Melville J Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City Chesterfield	State MO	Zip Code 63017
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RGA Reinsurance Company	Occupation Exec VP
---------------------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR11752794556**

Amount of Each Receipt this Period  

230.76
--------

P/R Deduction (\$115.38 Bi-Weekly)

**C. Paul A Schuster**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City Chesterfield	State MO	Zip Code 63017
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RGA Reinsurance Company	Occupation Sr Exec VP, US Operations
---------------------------------------------	-----------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.70**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR11752834556**

Amount of Each Receipt this Period  

307.70
--------

P/R Deduction (\$153.85 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1038.46</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RGA Reinsurance Company Federal PAC**

**A. Kent P Zimmerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City	State	Zip Code
Chesterfield	MO	63017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RGA Reinsurance Company	Sr VP, Corp Tax Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.70**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR11752884556**

Amount of Each Receipt this Period  

307.70
--------

P/R Deduction (\$153.85 Bi-Weekly)

**B. Michael S Stein**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City	State	Zip Code
Chesterfield	MO	63017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RGA Reinsurance Company	Exec VP & COO, US Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR11753034556**

Amount of Each Receipt this Period  

230.76
--------

P/R Deduction (\$115.38 Bi-Weekly)

**C. Albert G Woodring**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City	State	Zip Code
Chesterfield	MO	63017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RGA Reinsurance Company	President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.62**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR11753104556**

Amount of Each Receipt this Period  

384.62
--------

P/R Deduction (\$192.31 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>923.08</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**RGA Reinsurance Company Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Brendan J Galligan**

Mailing Address 1370 Timberlake Manor Parkway

City State Zip Code  
 Chesterfield MO 63017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 RGA Reinsurance Company Exec VP, Asian Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.76

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR11753154556**

Amount of Each Receipt this Period  
 230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. David B Atkinson**

Mailing Address 1370 Timberlake Manor Parkway

City State Zip Code  
 Chesterfield MO 63017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 RGA Reinsurance Company Exec VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.76

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR11753164556**

Amount of Each Receipt this Period  
 230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Todd C Larson**

Mailing Address 1370 Timberlake Manor Parkway

City State Zip Code  
 Chesterfield MO 63017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 RGA Reinsurance Company Exec VP, Treasurer & Corp Fin

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.76

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 31 / 2013  
**Transaction ID : PR11753654556**

Amount of Each Receipt this Period  
 230.76

P/R Deduction (\$115.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 692.28

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RGA Reinsurance Company Federal PAC**

**A. Jack B Lay**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City	State	Zip Code
Chesterfield	MO	63017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RGA Reinsurance Company	Sr Exec VP & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.70**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR11753924556**

Amount of Each Receipt this Period  

307.70
--------

P/R Deduction (\$153.85 Bi-Weekly)

**B. John P Laughlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City	State	Zip Code
Chesterfield	MO	63017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RGA Reinsurance Company	Exec VP, RGA Financial Group

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR11754144556**

Amount of Each Receipt this Period  

230.76
--------

P/R Deduction (\$115.38 Bi-Weekly)

**C. Joni W Lehman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City	State	Zip Code
Chesterfield	MO	63017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RGA Reinsurance Company	Exec VP, Operations Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR11754214556**

Amount of Each Receipt this Period  

230.76
--------

P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>769.22</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RGA Reinsurance Company Federal PAC**

**A. William L Hutton**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City	State	Zip Code
Chesterfield	MO	63017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RGA Reinsurance Company	Sr VP, Assoc Gen'l Counsel-Sec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR11754434556**

Amount of Each Receipt this Period  

230.76
--------

P/R Deduction (\$115.38 Bi-Weekly)

**B. David C Fischer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City	State	Zip Code
Chesterfield	MO	63017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RGA Reinsurance Company	Sr VP & Chief Investmnt Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR11754694556**

Amount of Each Receipt this Period  

230.76
--------

P/R Deduction (\$115.38 Bi-Weekly)

**C. Scott D Cochran**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City	State	Zip Code
Chesterfield	MO	63017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RGA Reinsurance Company	Sr VP, Corp Actry&Chf Rsk Ofcr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR11754844556**

Amount of Each Receipt this Period  

230.76
--------

P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>692.28</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RGA Reinsurance Company Federal PAC**

**A. Robert M Musen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City	State	Zip Code
Chesterfield	MO	63017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RGA Reinsurance Company	Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR11756114556**

Amount of Each Receipt this Period  

230.76
--------

P/R Deduction (\$115.38 Bi-Weekly)

**B. Mark E Showers**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City	State	Zip Code
Chesterfield	MO	63017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RGA Reinsurance Company	Sr VP, CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR12177924556**

Amount of Each Receipt this Period  

230.76
--------

P/R Deduction (\$115.38 Bi-Weekly)

**C. Michael L Emerson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1370 Timberlake Manor Parkway

City	State	Zip Code
Chesterfield	MO	63017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RGA Reinsurance Company	Executive VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR18150984556**

Amount of Each Receipt this Period  

230.76
--------

P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>692.28</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 OF 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**RGA Reinsurance Company Federal PAC**

Full Name (Last, First, Middle Initial)  
**A. Allan E O'Bryant**

Mailing Address 1370 Timberlake Manor Parkway

City Chesterfield	State MO	Zip Code 63017
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FEC ID number of contributing federal political committee. **C**

Name of Employer RGA Reinsurance Company	Occupation Head, International Operations
---------------------------------------------	----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR23683444556**

Amount of Each Receipt this Period  
230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Donna H Kinnaird**

Mailing Address 1370 Timberlake Manor Parkway

City Chesterfield	State MO	Zip Code 63017
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RGA Reinsurance Company	Occupation
---------------------------------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : PR44267504556**

Amount of Each Receipt this Period  
307.70

P/R Deduction (\$153.85 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	538.46
<b>TOTAL</b> This Period (last page this line number only).....▶	5346.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**RGA Reinsurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. ERIC PAC**

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name  
**ERIC PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

**Transaction ID : 4579764**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends Of Roy Blunt**

Mailing Address P.O. Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement

011

Candidate Name  
**Mr. Roy Blunt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

**Transaction ID : 4581599**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Mike Kelly For Congress**

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement

011

Candidate Name  
**Rep. Mike Kelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	3

**Transaction ID : 4581600**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RGA Reinsurance Company Federal PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2013

Mailing Address

City State Zip Code

Purpose of Disbursement

011
Category/ Type

**Transaction ID : 4590362**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5000.00
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15000.00
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