

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAR 19 9 32 AM '99

1. NAME OF COMMITTEE (in full) Health Insurance Political Action Committee of the Health Insurance Association of America		2. FEC IDENTIFICATION NUMBER C0110494
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 555 13th Street, NW Suite 600 East		
CITY, STATE and ZIP CODE Washington, DC 20004-1109		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

Monthly Report Due On:

- 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
- February 20
 March 20
 April 20
 May 20
- June 20
 July 20
 August 20
 September 20
- October 20
 November 20
 December 20
 January 31
- Twelfth day report preceding _____ (Type of Election)
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>2/1/99</u> through <u>2/28/99</u>		
6. (a) Cash on Hand January 1, 1999		\$ 46,263.17
(b) Cash on Hand at Beginning of Reporting Period	\$ 47,512.20	
(c) Total Receipts (from Line 19)	\$ 2,014.64	\$ 3,353.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 49,526.84	\$ 49,616.74
7. Total Disbursements (from Line 30)	\$ 1,089.90	\$ 1,179.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 48,436.94	\$ 48,436.94
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 999 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

Sharon L. Cohen

Signature of Treasurer

Sharon L. Cohen

Date

3.16.99

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

FEC FORM 3X
(revised 9/93)

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

(revised 11/91)

NAME OF COMMITTEE Health Insurance Political Action Committee of the Health Insurance Association of America	REPORT COVERING PERIOD	
	FROM: 2/1/99	TO: 2/28/99
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A).....	\$1,160.00	\$1,460.00
ii. Unitemized.....	\$854.64	\$1,720.62
iii. Total.....(add i and ii) *	\$2,014.64	\$3,180.62
b. Political Party Committees.....	\$0.00	\$0.00
c. Other Political Committees (such as PACs).....	\$0.00	\$0.00
d. Total Contributions.....(add a iii, b and c) *	\$2,014.64	\$3,180.62
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.).....	\$0.00	\$0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	\$0.00	\$172.95
17. Other Federal Receipts (Dividends, Interest, etc.).....	\$0.00	\$0.00
18. Transfers from Nonfederal Account for Joint Activity.....		
19. Total Receipts.....(add 11d, 12, 13, 14, 15, 16, 17, and 18) *	\$2,014.64	\$3,353.57
20. Total Federal Receipts.....(subtract line 18 from line 19) *	\$2,014.64	\$3,353.57
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	\$0.00	\$0.00
ii. Non-Federal Share.....	\$89.90	\$179.80
b. Other Federal Operating Expenditures.....	\$89.90	\$179.80
c. Total Operating Expenditures.....(add a i, a ii, and b) *	\$0.00	\$0.00
22. Transfers to Affiliated/Other Party Committees.....	\$1,000.00	\$1,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	\$0.00	\$0.00
24. Independent Expenditures (use Schedule F).....	\$0.00	\$0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (use Schedule F).....	\$0.00	\$0.00
26. Loan Repayments Made.....	\$0.00	\$0.00
27. Loans Made.....		
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 a, b and c) *	\$0.00	\$0.00
29. Other Disbursements.....	\$0.00	\$0.00
30. Total Disbursements.....(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) *	\$1,089.90	\$1,179.80
31. Total Federal Disbursements.....(subtract line 21 a ii from line 30) *	\$1,089.90	\$1,179.80
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d).....	\$2,014.64	\$3,180.62
33. Total Contribution Refunds (from line 28d).....	\$0.00	\$0.00
34. Net Contributions (other than loans)(subtract line 33 from 32).....	\$2,014.64	\$3,180.62
35. Total Federal Operating Expenditures.....(add 21 a i and 21 b) *	\$89.90	\$179.80
36. Offsets to Operating Expenditures (from line 15).....	\$0.00	\$0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) *	\$89.90	\$179.80

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions From Individuals (Itemized)

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon L. Cohen 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HIAA	2/16/99	\$30.00
	Occupation	2/16/99	\$30.00
	Senior Vice President, Federal Affairs	2/26/99	\$30.00
	Aggregate Year-to-Date	2/26/99	\$30.00
Teresa M. Houser 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HIAA	2/23/99	\$500.00
	Occupation		
	Legislative Director		
	Aggregate Year-to-Date		\$ 500.00
Dean A. Rosen 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HIAA	2/16/99	\$35.00
	Occupation	2/16/99	\$35.00
	Senior Vice President, Policy & Infor	2/26/99	\$35.00
	Aggregate Year-to-Date	2/26/99	\$35.00
Ronald L. Souders 555 13th Street, NW, Suite 600 East Washington, DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	HIAA	2/16/99	\$100.00
	Occupation	2/16/99	\$100.00
	Executive Vice President & General	2/26/99	\$100.00
	Aggregate Year-to-Date	2/26/99	\$100.00

SUMTOTAL of Receipts This Page (optional)	\$ 1,160.00
TOTAL This Period (last page this line number only)	\$ 1,160.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER 21(b)		

Other Federal Operating Expenditures

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
NationsBank, N.A. Washington, DC	Bank Charges	2/28/99	\$89.90
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1999			

SUBTOTAL of Disbursements This Page (optional)	\$89.90
TOTAL This Period (last page this line number only)	\$89.90

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
PAGE LINE NUMBER		23

Contributions to Federal Candidates/Committees

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Frist 2000 4205 Hillsboro Pike Suite 306 Nashville, TN 37215	Contribution: Bill Frist (IN-R)	2/19/99	\$1,000.00
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other: 2000			

SUBTOTAL of Disbursements This Page (optional)	\$1,000.00
TOTAL This Period (last page this line number only)	\$1,000.00

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 3-19-99
<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>SKP</i> PREPARER	3-19-99 DATE PREPARED