

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 Health Insurance Political Action Committee of the Health Insurance Association of Ameri

ADDRESS (number and street) **Check if different than previously reported. (ACC)**  
 1201 F Street, NW  
 Suite 500  
 Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00110494 3. IS THIS REPORT NEW (N) OR X AMENDED (A)

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Termination Report (TER) (d) 30-Day Post -Election Report for the: Convention (12C) Special (12G)  
 Election on in the State of  
 General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 01 2003 through 01 31 2003

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 Mr. Christopher Bowlin  
 Signature of Treasurer Electronically Filed by Mr. Christopher Bowlin Date 02 20 2003

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

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

Report Covering the Period: From: <sup>h</sup> 01 <sup>d</sup> 01 <sup>y</sup> 2003 To: <sup>h</sup> 01 <sup>d</sup> 31 <sup>y</sup> 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>y</sup> 2003		11817.69
(b) Cash on Hand at Beginning of Reporting Period .....	11817.69	
(c) Total Receipts (from Line 19) .....	8398.00	8398.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	20215.69	20215.69
7. Total Disbursements (from Line 30) .....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	20215.69	20215.69
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	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**

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Page 3

Write or Type Committee Name

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

Report Covering the Period: From: <sup>W</sup> 0 1 <sup>D</sup> 0 1 <sup>Y</sup> 2 0 0 3 To: <sup>W</sup> 0 1 <sup>D</sup> 3 1 <sup>Y</sup> 2 0 0 3

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) .....	1350.00	
(ii) Unitemized .....	2048.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3398.00	3398.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	8398.00	8398.00
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 36, page 4) .....	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 Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	8398.00	8398.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	8398.00	8398.00

**DETAILED SUMMARY PAGE**

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	0.00	0.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	0.00	0.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	8398.00	8398.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	8398.00	8398.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 6	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Cameron

Mailing Address  
P.O. Box 25523  
City State Zip Code  
Oklahoma City OK 20005

Date of Receipt  
M / D / Y Y Y Y  
01 / 10 / 2003

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Fidelity Assurance Company Chairman and Chief Executive Officer

Check

Receipt For: 2004 Aggregate Year-to-Date ▼  
Primary  General  Other (specify) ▼ 1000.00

Transaction ID: R2864

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard T. Kizer

Mailing Address  
1212 North 96th Street  
City State Zip Code  
Omaha NE 68114

Date of Receipt  
M / D / Y Y Y Y  
01 / 10 / 2003

Amount of Each Receipt this Period  
350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Central States Health & Life Company Chairman, President and CEO

Check

Receipt For: 2004 Aggregate Year-to-Date ▼  
Primary  General  Other (specify) ▼ 350.00

Transaction ID: R2853

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1350.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 6 / 6		
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)  
A. Conseco-Bankers Life Conc

Mailing Address  
P.O. Box 1915

City State Zip Code  
Carmel IN 46032

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 30 / 2003

Amount of Each Receipt this Period  
5000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check  
Conseco-Bankers Life Concerned Citizen

Receipt For: 2004 Aggregate Year-to-Date ▼  
Primary X General 5000.00  
Other (specify) ▼

Transaction ID: R2626

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>5000.00</b>