

**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

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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.

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	1350.00