

**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 AMENDED (A)

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

5. Covering Period 06 01 2003 through 06 30 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 07 18 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**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: ^h06 ^d01 ^y2003 To: ^h06 ^d30 ^y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2003		11817.69
(b) Cash on Hand at Beginning of Reporting Period	32985.44	
(c) Total Receipts (from Line 19)	18017.08	54691.70
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51002.52	66509.39
7. Total Disbursements (from Line 30)	17500.00	33006.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33502.52	33502.52
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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^K06 ^D01 ^Y2003 To: ^K06 ^D30 ^Y2003

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)	2740.00	
(ii) Unitemized	277.08	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3017.08	13691.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	15000.00	41000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	18017.08	54691.70
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)	18017.08	54691.70
20. Total Federal Receipts (subtract Line 18 from Line 19)	18017.08	54691.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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	6.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	6.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	33000.00
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)..... ▶	17500.00	33006.87
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	17500.00	33006.87
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	18017.08	54691.70
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	18017.08	54691.70
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	6.87
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	6.87

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

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

FOR LINE NUMBER: PAGE 5 / 16

(check only one)

11a 11b 11c 12
 13 14 15 16 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)
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)
A. Christopher Bowlin

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2003

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1300.00

Transaction ID: R3058

Full Name (Last, First, Middle Initial)
B. Christopher Bowlin

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2003

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
HIAA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1300.00

Transaction ID: R3078

Full Name (Last, First, Middle Initial)
C. Mr. Lawrence D. Fisher

Mailing Address
P.O. Box 34350
City State Zip Code
Omaha NE 68134-0350

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2003

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
Central States Health & Life Company Senior Vice President & Chief Actuary

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

Transaction ID: R2981

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

**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 / 16	
	<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. Jeffrey L. Gabardi

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2003

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
55.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HIAA Legislative Director & Deputy General

Manual Deduction

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 475.00

Transaction ID: R3044

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey L. Gabardi

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2003

Mailing Address
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
55.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HIAA Legislative Director & Deputy General

Manual Deduction

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 475.00

Transaction ID: R3063

C. Full Name (Last, First, Middle Initial)
Mr. Eric M. Kennedy

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2003

Mailing Address
P.O. Box 34350
City State Zip Code
Omaha NE 68134-0350

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Central States Health & Life Company Vice President & CIO

Check

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

Transaction ID: R2987

SUBTOTAL of Receipts This Page (optional) ▶ **310.00**

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

**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 7 / 16	
	<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. Richard T. Kizer

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2003

Mailing Address
1212 North 98th Street

City State Zip Code
Omaha NE 68114

Amount of Each Receipt this Period
500.00

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) ▼ 850.00

Transaction ID: R2984

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2003

Mailing Address
P.O. Box 34350

City State Zip Code
Omaha NE 68134-0350

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Central States Health & Life Company Senior Vice President

Check

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

Transaction ID: R2985

C. Full Name (Last, First, Middle Initial)
Ms. Susanne H. Lenz

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2003

Mailing Address
1201 F Street, NW Suite 500

City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HIAA Director, Managed Care Policy

Manual Deduction

Receipt For: General Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 325.00

Transaction ID: R3046

SUBTOTAL of Receipts This Page (optional) ▶ **725.00**

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

**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 8 / 16	
	<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)
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

A. Ms. Susanne H. Lanza

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004
Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 25.00

Name of Employer Occupation Manual Deduction
HIAA Director, Managed Care Policy

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 325.00

Transaction ID: R3065

B. Mr. Stephen R. Mason

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004
Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 40.00

Name of Employer Occupation Manual Deduction
HIAA Federal Legislative Director

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R3057

C. Mr. Stephen R. Mason

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____
1201 F Street, NW Suite 500
City State Zip Code
Washington DC 20004
Amount of Each Receipt this Period _____
FEC ID number of contributing federal political committee. _____ 40.00

Name of Employer Occupation Manual Deduction
HIAA Federal Legislative Director

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: R3076

SUBTOTAL of Receipts This Page (optional)	▶	105.00
TOTAL This Period (last page this line number only)	▶	

**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 9 / 16	
	<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. Len Pacer

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2003

Mailing Address
P.O. Box 34350

City State Zip Code
Omaha NE 68134-0350

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Central States Health & Life Company Chief Financial Officer

Check

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

Transaction ID: R2986

B. Full Name (Last, First, Middle Initial)
Mr. Stephen Pitzer

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2003

Mailing Address
P.O. Box 34350

City State Zip Code
Omaha NE 68134-0350

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Central States Health & Life Company Senior Vice President, Agency Administ

Check

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

Transaction ID: R2989

C. Full Name (Last, First, Middle Initial)
Ms. Mary T. Scheer

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2003

Mailing Address
P.O. Box 34350

City State Zip Code
Omaha NE 68134-0350

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Central States Health & Life Company Vice President

Check

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

Transaction ID: R2985

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

**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 10 / 16	
	<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)
Health Insurance Political Action Committee of the Health Insurance Association of Ameri

Full Name (Last, First, Middle Initial)
A. Michael Smart

Mailing Address
P. O. Box 34350
City: Omaha State: NE Zip Code: 68134

Date of Receipt
N M / D E / Y Y Y Y
0 6 / 0 5 / 2 0 0 3

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer: Central States Health & Life Company
Occupation: Check

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

Transaction ID: R2983

Full Name (Last, First, Middle Initial)
B. Mr. Jeffrey J. Wanning

Mailing Address
P. O. Box 34350
City: Omaha State: NE Zip Code: 68134-0350

Date of Receipt
N M / D E / Y Y Y Y
0 6 / 0 5 / 2 0 0 3

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer: Central States Health & Life Company
Occupation: Senior Vice President, Credit Insurance
Check

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

Transaction ID: R2982

Full Name (Last, First, Middle Initial)
C. Dr. Donald A. Young

Mailing Address
1201 F Street, NW Suite 500
City: Washington State: DC Zip Code: 20004

Date of Receipt
N M / D E / Y Y Y Y
0 6 / 1 2 / 2 0 0 3

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer: HIAA
Occupation: President
Manual Deduction

Receipt For: General Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1300.00

Transaction ID: R3050

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

**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 11 / 16		
	<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
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21

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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. Dr. Donald A. Young

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 8

Mailing Address
 1201 F Street, NW Suite 500
 City State Zip Code
 Washington DC 20004

Amount of Each Receipt this Period
 100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
 HIAA President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00

Transaction ID: R3069

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	2740.00

**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 12 / 16	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" 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

Full Name (Last, First, Middle Initial)
A. Aegon USA, Inc. PAC

Mailing Address
1111 North Charles Street
City State Zip Code
Baltimore MD 21201

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2003

Amount of Each Receipt this Period
5000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Aegon USA, Inc. PAC

Check

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

Transaction ID: R2978

Full Name (Last, First, Middle Initial)
B. American Republic Insuran

Mailing Address
601 6th Avenue
City State Zip Code
Des Moines IA 50334

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2003

Amount of Each Receipt this Period
5000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Republic Insurance Compa-ny PA

Check

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

Transaction ID: R2980

Full Name (Last, First, Middle Initial)
C. Pacific Life Political Ac

Mailing Address
700 Newport Center Drive
City State Zip Code
Newport Beach CA 92860-6397

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2003

Amount of Each Receipt this Period
5000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pacific Life PAC

Check

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

Transaction ID: R3042

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	15000.00

**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)

PAGE 13 / 16

<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				

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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. Ben Nelson for US Senate		Date of Disbursement 06 / 05 / 2003	
Mailing Address 426 C Street, NE City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Ben Nelson (NE-D)		Contribution: Ben Nelson (NE-D)	
Candidate Name Ben Nelson (NE-D)			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D942	
State: NE District: 0			

Full Name (Last, First, Middle Initial) B. Friends of Blanche Lincoln		Date of Disbursement 06 / 05 / 2003	
Mailing Address 122 Maryland Ave, NE Suite 3D City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Blanche Lambert Lincoln (A)		Contribution: Blanche Lambert Lincoln (AR-D)	
Candidate Name Blanche Lambert Lincoln (AR-D)			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D943	
State: AR District: 0			

Full Name (Last, First, Middle Initial) C. Judd Gregg Committee		Date of Disbursement 06 / 05 / 2003	
Mailing Address PO Box 1812 City Concord State NH Zip Code 03302		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Contribution: Judd Gregg (NH-R)		Contribution: Judd Gregg (NH-R)	
Candidate Name Judd Gregg (NH-R)			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D945	
State: NH District: 0			

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

**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)

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<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

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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. Mike Bilirakis for Congress		Date of Disbursement 06 / 05 / 2003
Mailing Address P O Box 1077 City Tarpon Springs State FL Zip Code 34688		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution: Michael Bilirakis (FL-9-R)		Contribution: Michael Bilirakis (FL-9-R)
Candidate Name Michael Bilirakis (FL-9-R) Category/Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼	Transaction ID: D946
State: FL District: 8		

Full Name (Last, First, Middle Initial) B. John Ensign for US Senate		Date of Disbursement 06 / 05 / 2003
Mailing Address P.O. Box 26568 City Las Vegas State NV Zip Code 89128		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution: John Eric Ensign (NV-R)		Contribution: John Eric Ensign (NV-R)
Candidate Name John Eric Ensign (NV-R) Category/Type		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 Primary X General Other (specify) ▼	Transaction ID: D948
State: NV District: 0		

Full Name (Last, First, Middle Initial) C. Friends of Roy Blunt		Date of Disbursement 06 / 05 / 2003
Mailing Address PO Box 278 City Strafford State MO Zip Code 65757		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contribution: Roy Blunt (MO-7-R)		Contribution: Roy Blunt (MO-7-R)
Candidate Name Roy Blunt (MO-7-R) Category/Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼	Transaction ID: D950
State: MO District: 7		

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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				

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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. Earl Pomeroy for Congress		Date of Disbursement 06 / 05 / 2003
Mailing Address Post Office Box 746 City Bismarck State ND Zip Code 58502		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution: Earl Pomeroy (ND-1-D)		Contribution: Earl Pomeroy (ND-1-D)
Candidate Name Earl Pomeroy (ND-1-D) Category/Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼	Transaction ID: D951
State: ND District: 1		

Full Name (Last, First, Middle Initial) B. Jon Porter		Date of Disbursement 06 / 05 / 2003
Mailing Address 8805 Pony Circle City Las Vegas State NV Zip Code 89146		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Contribution: Jon Porter (R-NV-3)		Contribution: Jon Porter (R-NV-3)
Candidate Name Category/Type		
Office Sought: House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼	Transaction ID: D953
State: District:		

Full Name (Last, First, Middle Initial) C. VOLPAC		Date of Disbursement 06 / 05 / 2003
Mailing Address 2033 Richard Jones Road City Nashville State TN Zip Code 37215		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution: VOLPAC (R-TN)		Contribution: VOLPAC (R- TN)
Candidate Name Category/Type		
Office Sought: House Senate President	Disbursement For: 2006 Primary X General Other (specify) ▼	Transaction ID: D954
State: District:		

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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

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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. Hulshof for Congress		Date of Disbursement 06 / 30 / 2003	
Mailing Address PO Box 1621 City State Zip Code Columbia MO 65205		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution: Kenny Hulshof (MO-9-R)		Contribution: Kenny Hulshof (MO-9-R)	
Candidate Name Kenny Hulshof (MO-9-R)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: MO District: 9		Transaction ID: D95B	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	17500.00