## STATEMENT OF ORGANIZATION

## FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

FOR	OLITICAL ACTION COMMITTI	CES AND PARTI COMM	MILLEED
	(See Reverse Side Fo	r Instructions)	
	This is a (check one) Party Committee	Political Action Committee	
	This is an (check one) Initial Statement	Amended Statement	
COMMITTEE (PLEASE TYPE OR PRINT)			
Name	Kansas Insurance Politica	A Action Committee	(INSPAC)
	dress (Street, City, State, Zip Code) nes Road, Indianapolis, IN 46268	Business Telephone (317) 875-5250	)
CHAIRPER	\$ON		
Name Anthony Kim	mi	Home Telephone (785 ) 410-6110	
_	lress (Street, City, State, Zip Code) aza, Manhattan, KS 66503-8116	Business Telephone ( 785 ) 587-6332	
TREASURE	ER		· · · · · · · · · · · · · · · · · · ·
Name Greg	g Dykstra	Home Telephone ( 317 ) 575-9503	
	lress (Street, City, State, Zip Code) nes Road, Indianapolis, IN 46268	Business Telephone . ( 317 ) 875-5250	}
AFFILIATE	D OR CONNECTED ORGANIZATIONS		<del></del>
Name	National Association of Mutua	al Insurance Companies	(NAMIC)
Mailing Add	ress (Street, City, State, Zip Code) 3601 Vincennes Road, Indianapolis, I	N 46268	
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.			
SIGNATUR			
"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document			
or intentionally filing a false document is a class A misdemed nor."			
7-11-1	$\gamma$	<u>( - · - · - · - · · · · · · · · · · · · </u>	
(Date)		ture of Chairperson)	-
Governmenta	Ethics Commission		Rev.2000