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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

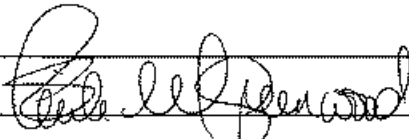
1. Registrant Name National Association of Professional Insurance Agents (30267000 ID)			
2. Address <input type="checkbox"/> Check if different than previously reported 400 North Washington Street, Alexandria, Virginia, 22314			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or County): _____			
4. Contact Name Karen Garvey	Telephone (703) 518-1358	E-mail (optional) karenga@planet.org	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #

TYPE OF REPORT 8. Year 2000 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report
 10. Check if this is a Termination Report ⇒ Termination Date _____ 11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>200,000</u> <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) of the Internal Revenue Code</p>
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Signature: 

Printed Name and Title: **Sheila M. Greenwood, Assistant Vice President of Government Affairs**

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code JNS (one per page)

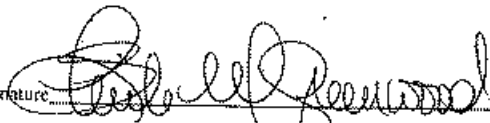
16. Specific lobbying issues
- | | | |
|-----------------------|---------------------------------|----------------------------------|
| H.R. 2990 Health Care | S. 1816 Campaign Finance Reform | H.R. 417 Campaign Finance Reform |
| S. 1344 Health Care | H.R. 2580 Superfund | H.R. 2749 Natural Disaster |
| H.R. 2824 Health Care | S. 1090 Superfund | S. 1914 Natural Disaster |
| H.R. 2723 Health Care | S. 8 Superfund | H.R. 21 Natural Disaster |
| H.R. 2102 Health Care | H.R. 2559 Crop Insurance | H.R. 4585 Privacy |
| S. 35 Health Care | S. 2251 Crop Insurance | H.R. 4049 Privacy |
| S. 644 Health Care | S. 1108 Crop Insurance | H.R. 4380 Privacy |
| S. 1243 Health Care | S. 529 Crop Insurance | S. 2513 Privacy |
| H.R. 1300 Superfund | H.R. 1475 Auto Choice Reform | H.R. 3594 Tax |
| | S. 837 Auto Choice Reform | S. 2005 Tax |

17. House(s) of Congress and Federal agencies contacted Check if None
- U.S. Senate
 - U. S. House of Representatives
 - Office of the Comptroller of the Currency
 - Department of Health and Human Services
 - Department of Agriculture - FCIC/RMA
 - PEMA - FIA

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Sheila M. Greenwood		<input type="checkbox"/>
Allison Lewis		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature:  Date: 2/01/01

Printed Name and Title: Sheila M. Greenwood, Assistant Vice President of Government Affairs

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address
-
21. Client new principal place of business (if different from line 20)
- City _____ State/Zip (or Country) _____
22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

Allison Lewis

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

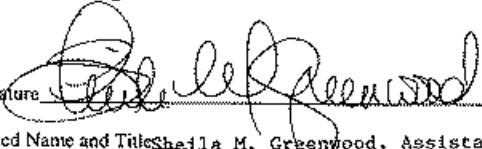
26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature  Date 2/01/01

Printed Name and Title Sheila M. Greenwood, Assistant Vice President of Government Affairs