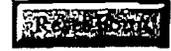


IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
514 EAST LOCUST, SUITE 104
DES MOINES, IA 50309-1812
fax (515) 281-3701
www.iowa.gov/ethics

EXECUTIVE BRANCH RECEPTION REPORT

This form must be filed with the Board within five business days following the date of the reception. This applies only to receptions held during the regular session when every member of the general assembly is invited. See Iowa Code section 68B.22(4)"r" and rule 351-8.10.

The form may be photocopied.



PART A SPONSOR IDENTIFICATION

Iowa Insurance Institute
Sponsor's Name

505 Fifth, Ste 729
Mailing Address

Des Moines, Iowa 50309
City/State/ZIP

(515) 283-2147
Area Code/Phone Number



PART B RECEPTION INFORMATION

1/21/04 Capitol - 1st floor
Date Location of reception

Please provide the total amount expended including in-kind expenditures on food, beverage, and entertainment for the reception.

TOTAL COST of reception (includes in-kind expenditures) \$	<u>5,006.31</u>
Food \$	<u>4,120.95</u>
Beverage \$	<u> </u>
Entertainment \$	<u>885.36</u>

[Signature]
Signature of Sponsor

1/21/04
Date Signed

General Counsel