Form **8871**
(July 2000)
Department of the Treasury
Internal Revenue Service

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

1 Name of organization: COALITION FOR INSURANCE PROFESSIONALS

Employer identification number: 22 3518875

2 Mailing address (P.O. Box or number, street, and room or suite number): 203 TOWNE CENTER DRIVE

City or town, state, and ZIP code: HILLSBOROUGH, NJ. 08876

3 E-mail address of organization: PROFMGMT@BLAST.NET

4a Name of custodian of records: Professional MANAGEMENT Associates, LLC

4b Custodian's address: 203 TOWNE CENTER DRIVE Hillsborough, NJ. 08876

5a Name of contact person: SHAWNA WILKER

5b Contact person's address: (SAME)

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number: SAME

City or town, state, and ZIP code

Part II Purpose

7 Describe the purpose of the organization

A continuing political committee that receives voluntary contributions to support political candidates that support a competitive, healthy Property and CASUALTY INSURANCE INDUSTRY

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
NONE		

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Form **8871** (7-2000)

Part IV **List of All Officers, Directors, and Highly Compensated Employees** (see instructions)

9a Name	9b Title	9c Address
Alex Archimedes	Chairman	10 McKay Drive Bridgewater, NJ 08807
John Friedman	Vice-Chairman	28 Essex Road Chatham, ~~[illegible]~~ NJ 07928
Phyllis Ferry R	Treasurer	53 E. Allendale Road Saddle River, NJ 07458
Sheila Breeding	Secretary	35 Fairmont Ave Somerville, NJ 08876
John Tiene	Asst. Treasurer	36 Hackemore St. Burlington, NJ 08016
Richard Stokes	Steering Committee	14 Park Ave. 0 Beverly, NJ 08010
Cynthia Codella	Steering Committee	280 Northfield Ave. West Orange, NJ 07052

Sign Here

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official: [signature] Date: 7/27/00