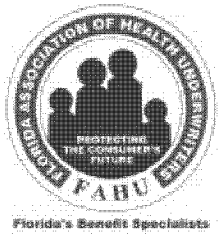


Purpose

To engage in all lawful activities allowed a Committee of Continuous Existence by the laws of the state of Florida.

To focus on the education of it's members and others about political candidates and issues which impact those issues of concern to it's members.

To provide campaign contributions to political committees established under Chapter 106, Florida statutes, political parties, and/or to individual candidates seeking elected office, with the sole purpose of explaining our positions and asking for their support.



Florida Health Underwriters, CCE
c/o Ellen Raskin, Treasurer, Emeritus
8105 SW 158th Place
Miami, FL 33193

Florida Health Underwriters, CCE



In cooperation with...

The Florida Association of Health Underwriters

c/o Ellen Raskin, Treasurer Emeritus
8105 SW 158th Place, Miami, FL 33193

**Florida Health
Underwriters, CCE
2008-2010**

Board of Directors

- | | |
|--------------------------------------|--|
| Chairman | Julian Lago
<i>jlago@plastridge.com</i>
561-630-4955 |
| Treasurer | Don Marx
<i>dwmclu@cofs.com</i>
305-378-0817 |
| Sec/Treasurer Emeritus | Ellen Raskin
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305-382-4911 |
| Deputy Treasurer
Director | Diane Doll
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941-378-4117 |
| Director | Travis Cummings
<i>travis@haughtfinancial.com</i>
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| Director | Jennifer Wenke
<i>jwenke@lutgertinsurance.com</i>
239-418-2106 |
| Executive Director | Buddy Anderson
<i>budso4016@yahoo.com</i>
407-402-7879 |



Membership

Available to all citizens, associations, corporations and all others doing business in Florida with an interest in the purposes of promoting the Florida Health Underwriters, CCE. All members must be contributors and approved by the Board of Directors. The membership year runs from August 1 through July 31 of the following year and must be renewed annually.

Levels of Contributions

- Entry**
\$50—\$99
- White**
\$100 — \$199
- Blue**
\$200 - \$299
- Green**
\$300 — \$499
- Silver**
\$500 — \$999
- Big Guys**
\$1,000 +

Contributions

Name _____

Address _____

City _____ **St** _____ **Zip** _____

Phone _____

Occupation _____

Method of Payment (circle one)
 AMEX MC VISA Check Cash

Credit Card # _____

Expiration date _____

Contribution Amount _____

(circle one) Onetime Monthly Quarterly

Signature _____

Make checks payable to and Send to:
Florida Health Underwriters, CCE
c/o Ellen Raskin, Treasurer Emeritus
8105 SW 158th Place
Miami, FL 33193
Fax 305-388-0068