Form **8871** (Rev. July 2003)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service

General Information

10b If 'Yes,' list the state where the organization files reports:

1 Name of organization	Employer identification number			
Insurance Policy for America, Inc.	87 - 4065100			
2 Mailing address (P.O. box or num	nber, street, and room or suite number)			
1130 Connecticut Ave. NW Suite 325				
City or town, state, and ZIP code				
Washington, DC 20036				
3 Check applicable box: ✓	Initial notice Amended notice Final notice			
4a Date established	4b Date of material change			
12/20/2021	12/21/2021			
5 E-mail address of organization				
no@email				
6a Name of custodian of records	6b Custodian's address			
Jerald Howe, Jr.	1130 Connecticut Ave. NW Suite 325			
	Washington, DC 20036			
7a Name of contact person	7b Contact person's address			
Jerald Howe, Jr.	1130 Connecticut Ave. NW Suite 325			
	Washington, DC 20036			
8 Business address of organizatio	n (if different from mailing address shown above). Number, street, and room or suite number			
1130 Connecticut Ave. NW Suite 325				
City or town, state, and ZIP code				
Washington, DC 20036				
9a Election authority	9b Election authority identification number			
NONE				
Part II Notification of C	Claim of Exemption From Filing Certain Forms (see instructions)			
10a Is this organization claiming e	xemption from filing Form 8872, Political Organization Report of Contributions and Expenditures, as a			
qualified state or local political orga	anization? Yes No <u>✔</u>			

11 Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or associations of state or local officials? Yes _ No ∠

Part III Purpose

12 Describe the purpose of the organization

To solicit and accept contributions, to make expenditures and disbursements, and to engage in any activities related to candidates for public office or issues of public importance that are authorized by and are consistent with Section 527 of the Internal Revenue Code and other applicable law.

Part IV		I Entities (see instructions	3)		
13 Check if	the organization has no re		.,		
			<u>V</u> _		
14a Name	of related entity	14b Relationship	14c Address		
Dort V	List of All Officer	Divertors and Highli	Oamanastad Franksissas	(and instructions)	
Part V List of All Officers, Di 15a Name		15b Title	15c Address	mpensated Employees (see instructions) 15c Address	
Jerald Howe, Jr.		President, Treasurer, Secr	President, Treasurer, Secretary 1130 Connecticut Ave. NW Suite 325		
			Washington, DC 20036		
	Internal Revenue Code, a	nd that I have examined this notice,	including accompanying schedules and	mpt organization described in section 527 of the distatements, and to the best of my knowledge is report, and I am signing by entering my name	
	Jerald Howe, Jr.		12/2	3/2021	
Sign Here	Name of authorized	official) _	Date	