



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

CONFLICT OF INTEREST STATEMENT

STATE OF _____

COUNTY/PARISH OF _____

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of _____ (hereinafter the Company) and, having been appointed by the Company to serve in the position of _____, and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ___ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ___ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

Signature of Witness

Signature of Officer or Director

Printed Name of Witness

Signature of Witness

Printed Name of Officer or Director

Printed Name of Witness

SWORN TO and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public

Notarial Seal/Stamp

Printed Name of Notary Public

My Commission Expires _____