



LOUISIANA DEPARTMENT OF INSURANCE

TIMOTHY J. TEMPLE  
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\_\_\_\_.

\_\_\_\_\_  
Notary Public or Bar Roll Number

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public's Printed Name