



**ETHICS DISCLOSURE STATEMENT  
CONFLICTS OF INTEREST – DECISIONS AND VOTING**  
State Form 55860 (R / 10-15)  
OFFICE OF THE INSPECTOR GENERAL  
IC 4-2-6-9

**INDIANA  
STATE ETHICS COMMISSION**

**AUG 4 2020**

**FILED**

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website.

Name (last) Higgins	Name (first) Latosha	Name (middle) N.
Name of office or agency Family and Social Services Administration		Job title Managing Attorney and Ethics Officer
Address of office (number and street) 402 W Washington Street, Room W451		City Indianapolis
Office telephone number ( 317 ) 232-0246		ZIP code 46204
Office e-mail address (required) latosha.higgins@fssa.in.gov		

Describe the conflict of interest:

As Managing Attorney for the Office of the General Counsel for the Family and Social Services Administration my duties include providing legal advice to the Division of Aging and the Division of Disability and Rehabilitative Services.

Recently, I applied and interviewed for a position with Anthem. Anthem has a business relationship with the Family and Social Services Administration and there is the potential that I may be called upon to provide legal advice regarding the business relationship that Anthem has with the agency.

Describe the screen established by your ethics officer: (Attach additional pages as needed.)

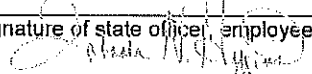
The General Counsel will ensure that I am not assigned to work on any matters regarding Anthem where the company has a financial interest during the period my application for employment is under consideration by Anthem.

Furthermore, the appropriate division personnel will be notified of the screen. Any matters involving Anthem where Anthem may have a financial interest in the outcome will be assigned to another attorney in the Office of General Counsel.

**AFFIRMATION**

Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.

Signature of state officer, employee or special state appointee



Date signed (month, day, year)

August 3, 2020

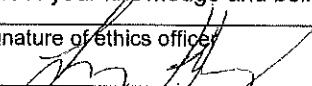
Printed full name of state officer, employee or special state appointee

Latosha N. Higgins

**FOR ETHICS OFFICER USE ONLY**

Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.

Signature of ethics officer



Date signed (month, day, year)

8/3/20

Printed full name of ethics officer

Leslie Hackett Berry, General Counsel

**From:** [Higgins, Latosha](#)  
**To:** [Sullivan, Jennifer](#)  
**Cc:** [Huckleberry, Leslie](#)  
**Subject:** Notice of Conflict of Interest  
**Date:** Monday, August 03, 2020 5:05:26 PM  
**Attachments:** [L. Higgins Anthem Disclosure Statement Signed Draft.pdf](#)

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Dr. Sullivan,

Pursuant to IC 4-2-6-9(b)(2) of Ethics Code, I am notifying you that I have a potential conflict of interest. Attached please find my Conflict of Interest Disclosure Statement, which describes the screen the General Counsel will implement.

Please let me know if you have any questions. If you do not have any questions, I will coordinate with the General Counsel to have the disclosure filed with the Office of the Inspector General.

Thank you,

Latosha N. Higgins  
Managing Attorney and Ethics Officer  
Office of General Counsel  
Indiana Family and Social Services Administration  
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Indianapolis, IN 46204  
(317) 232-0246  
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Follow us on Twitter: @FSSAIndiana

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