

MAY 30 2018

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**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

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) Lambert	Name (first) Holly	Name (middle) Williams
Name of office or agency Indiana Department of Insurance		Job title Chief Deputy Commissioner
Address of office (number and street) 311 W Washington Street, Suite 103		City Indianapolis
		ZIP code 46204
Office telephone number ( 317 ) 232-2404	Office e-mail address (required) howilliamslambert@idoi.in.gov	

Describe the conflict of interest:  
I have applied for the Director of Regulatory Affairs position with CNO Financial Group, which is regulated along with its subsidiaries by the Indiana Department of Insurance ("IDOI"). As Chief Deputy Commissioner of the IDOI's Consumer Protection Unit, I oversee the handling of consumer complaints against insurance companies and enforcement actions against licensed producers and companies. While I have never been involved in any consumer complaint or enforcement action decision-making regarding CNO or its subsidiaries, I believe an ethical screen is necessary to avoid the appearance of impropriety. As such, all employees with whom I work with at the IDOI as well as my contact at CNO have been informed of the ethical screen.

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

Area with horizontal dashed lines for describing the screen established by the ethics officer.

**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

*Holly Williams Lambert*

Date signed (month, day, year)

5-30-18

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

Holly Williams Lambert

**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

*Cathleen Nine-Altekrantz*

Date signed (month, day, year)

5-30-18

Printed full name of ethics officer

Cathleen Nine-Altekrantz

## **Ninealtevogt, Cathleen**

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**From:** Ninealtevogt, Cathleen  
**Sent:** Wednesday, May 30, 2018 2:42 PM  
**To:** Robertson, Stephen W.; Bopp, Dawn; Webber, Doug; Knable, Karl J; Lohman, Barbara; Eft, Roy; Beard, Amy (IDOI); Ankney, Ronda; Handsborough, Jonathan; Bower, Terry; Wood, Dennis; Nowak, Stacy; French, Stacy L; Szpara, Claire; Simpkins, James M (IDOI); Gustafson, Constance; Dobbs, Erica  
**Cc:** Williams Lambert, Holly  
**Subject:** Ethical Screen

All:

I am writing as IDOI's Ethics Officer to make you aware of an ethical screen that has recently been established. Holly Williams Lambert is in talks with a representative from CNO Financial Group regarding a position. CNO Financial Group and its subsidiaries, Bankers Life, Colonial Penn, and Washington National, have a business relationship with the IDOI. Therefore, to allow Holly to pursue this potential employment opportunity if she so chooses, she must be screened completely from any contact with CNO Financial and its subsidiaries. Going forward, any consumer complaints or enforcement actions involving CNO and its subsidiaries should be addressed with Ronda Ankney, Deputy Commissioner of the Consumer Protection Unit. Any matters involving market conduct issues should be addressed with Doug Webber, Chief of Staff.

This ethical screen is required to be established by IC § 4-2-6-9(a)(4) and will remain in place until I notify you otherwise. If you have any questions, please contact me.

Sincerely,



**Cathleen Nine-Altevogt**  
Director of Dedicated Funds and Ethics Officer  
Indiana Department of Insurance

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## Croft, Celeste

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**From:** Ninealtevogt, Cathleen  
**Sent:** Wednesday, May 30, 2018 3:03 PM  
**To:** IG Info  
**Subject:** Holly Williams Lambert Conflict of Interest Ethics Disclosure Statement  
**Attachments:** 201805301452.pdf

Please see the attached pre-employment screen for Chief Deputy Commissioner, Holly Williams Lambert. Please let me know if you have any questions or require anything further.



**Cathleen Nine-Altevogt**  
Director of Dedicated Funds and Ethics Officer  
Indiana Department of Insurance

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