



ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING
 State Form 55860 (R / 10-16)
 OFFICE OF THE INSPECTOR GENERAL
 IC 4-2-6-9

INDIANA
 STATE ETHICS COMMISSION
 SEP 2 2016
 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) Rose		Name (first) David		Name (middle)	
Name of office or agency Indiana Department of Insurance			Job title Chief Investigator		
Address of office (number and street) 311 West Washington Street, Suite 103			City Indianapolis		ZIP code 46204
Office telephone number (317) 232-7138		Office e-mail address (required) drose@idoi.in.gov			

Describe the conflict of interest:
 I attended a recruiting event that CareSource, an insurance company regulated by the IDOI, hosted on August 30, 2016. During this event, I had informal discussions regarding an upcoming position that will likely be posted within the next week or so. As the Chief Investigator within the IDOI's Enforcement Division, which handles enforcement actions against licensed producers and companies, I feel that 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 CareSource have been informed of the ethical screen that is now in place.

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

Area for describing the screen established by the ethics officer, consisting of multiple horizontal dashed lines.

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

[Handwritten signature]

Date signed (month, day, year)

9-2-16

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

David R Rose

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

[Handwritten signature]

Date signed (month, day, year)

9-2-16

Printed full name of ethics officer

Holly Williams

Williams, Holly

From: Williams, Holly
Sent: Thursday, September 01, 2016 1:38 PM
To: Robertson, Stephen W.; Webber, Doug; Kory, Tina; Donovan, Cindy; Foy, Bettye; Lohman, Barbara; Bower, Terry; Holleman, Phil; Kixmiller, Kate; Evans, Randall; Ninealtevogt, Cathleen; Higgins, Melissa; Dain, Calla; Ankney, Ronda; Herndon, Mike; Cowling, Constance; Lotter, Nicole; Handsborough, Jonathan; Nowak, Stacy
Cc: Rose, David; Williams, Holly
Subject: Ethical Screen

All:

I am writing as the IDOI's Ethics Officer to make you aware of an ethical screen that has recently been established. David Rose has recently been in talks with CareSource regarding an upcoming position. CareSource is an insurance company regulated by the IDOI. Therefore, to allow David to pursue this potential employment opportunity if he so chooses, he must be screened completely from any contact with CareSource. Please refrain from discussing matters involving CareSource with David. Going forward, any matters involving these companies which require Enforcement involvement should be addressed to Holly Williams.

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

Thanks.

Holly A. Williams, MCM, APIR
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Indianapolis, Indiana 46204
phone: 317-232-2404
fax: 317-234-2103