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

JUN 28 2016

FILED

In accordance with IC 4-2-6-9, you must fil days after the conduct that gives rise to the agency appointing authority and ethics officeneral's website.	e conflict. You must also includ	de a copy o	of the notification prov	ided to your	
Name (last)	Name (first)		Name (middle)		
Clark	Greg				
Name of office or agency Indiana Department of Insurance		Job title Senior Inv	vestigator		
Address of office (number and street) 311 West Washington Street, Suite 103		City Indianapolis		ZIP code 46204	
Office telephone number (317) 233-9432	Office e-mail address (required, gclark2@idoi.in.gov	i)			
Describe the conflict of interest:					
I have applied for a position with Sentry Insurance, a company regulated by the IDOI. As a Senior Investigator in 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. In addition, all employees with whom I work with					
at the IDOI as well as my contact at Sentry Insurance have been informed of the ethical screen in place.					
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Describe the screen established by your ethics officer: (Attach additional pages as needed.)
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) 6/28/16
Printed full name of state officer, employee or special state appointee
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 efficer Date signed (month, day, year)
Printed full name of ethics officer

Williams, Holly

From:

Williams, Holly

Sent:

Monday, June 27, 2016 2:06 PM

To:

Robertson, Stephen W.; Webber, Doug; Korty, Tina; Rose, David; Foy, Bettye; Ankney,

Ronda; Dain, Calla; Higgins, Melissa; Evans, Randall; Ninealtevogt, Cathleen

Cc:

Clark, Greg; Williams, 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. Greg Clark has recently applied for a position with Sentry Insurance ("Sentry"). Sentry is an insurance company regulated by the IDOI. Therefore, to allow Greg to pursue this potential employment opportunity if he so chooses, he must be screened completely from any contact with Sentry as well as all companies within the Sentry Insurance Group, including Sentry Life Insurance Company, Sentry Casualty Company, and Sentry Select Insurance Company. Please refrain from discussing matters involving Sentry or Sentry Insurance Group companies with Greg. Going forward, any matters involving these companies which require Enforcement involvement should be addressed to Dave Rose.

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.

Holly A. Williams, MCM, APIR Attorney, Market Conduct Indiana Department of Insurance 311 West Washington Street, Suite 103 Indianapolis, Indiana 46204 phone: 317-232-5312

fax: 317-234-2103